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CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

MARION C. TAYLOR, M.B., CH.B., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1956

[FORTY-NINTH YEAR]

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INDEX

	PAGE
After Care	73
Audiometer Tests	31-34
Aural Treatment, see " Ear, Nose and Throat "	
Blind Pupils	66, 71
Blind School Management Committee	4
Cerebral Palsy	70
Child Guidance Treatment ..	6, 11, 57-59
Child Welfare Sub-Committee	4
Chiropody	6, 11, 50
Cleanliness (Head and Body)	15, 22, 61
Clinics	10, 24-25
Clothing and Footwear ..	61
Co-operation with Parents, Teachers, etc., and National Health Service	12-14
Cost of School Health Service	86
Deaf and Partially Deaf Pupils 9, 31-37, 66, 71	
Delicate Pupils	66, 67, 71, 74
Dental Treatment	6, 7-8, 10, 11, 40-48, 83
Diabetes	69
Diphtheria Immunization ..	6, 11, 62-64
Ear, Nose and Throat 6, 11, 13, 15, 24-25, 29-37, 60	
Education Welfare Officers, Co-operation with	13
Educationally Sub-Normal Pupils	15, 66, 68-69, 71, 74
Employment obtained by Special School Leavers ..	74
Epileptic Pupils	72
Eye Defects	6, 11, 13, 24-25, 26-28, 60
Fairthorn Convalescent Home	14
Financial Statement.. ..	86
General Condition of Children	15, 16
General Practitioners, Co- operation with	8, 12
General Information	6
Handicapped Pupils	66-75, 84-85
Health Education	75
Heart Diseases and Rheuma- tism	6, 11, 13, 24-25, 50, 79-80
Heights and Weights	7, 16-20, 60, 65
Higher Education for Handi- capped Pupils	75
Home Tuition	70
Home Visits	6, 60
Hygiene of School Buildings	22

	PAGE
Infectious Diseases	8, 15, 62
Inspection Clinics	6, 10, 11, 23-25
King Edward VII Orthopædic Hospital	50
Maladjusted Children	72
Mass Radiography	52-53
Medical Examinations in Schools	6
Medical Inspection Returns..	77-85
Milk in Schools	21
Minor Ailments Clinics 6, 10, 11, 23-25	
Miscellaneous Work	75-76
National Health Service, Co- operation with	12
Nursery Schools and Classes	65
Nutrition	7, 15
Ophthalmic Treatment	6, 11, 26-28
Orthopædic Treatment 6, 11, 13, 24-25, 49-50	
Orthoptic Treatment	6, 11, 28
Parents, Co-operation with ..	13
Partially Sighted Pupils ..	66, 67
Periodic Health Inspections	6, 8, 14, 77
Physical Education	64, 87-97
Physically Handicapped Pupils 66, 72, 74	
Poliomyelitis	8, 62, 64
Remand Homes	75
Residential Special Schools	71-72
Rheumatism and Heart Diseases	6, 11, 13, 24-25, 50
School Meals	21
School Nursing	6, 60-61
Skin Diseases.. .. .	24-25, 26
Special Examinations	76
Speech (Therapy and Defects) 6, 11, 24-25, 38-39	
Staff	4-5, 12
Statistical Tables	77-85
Summary of Work	6
Teachers, Co-operation with ..	13
Tuberculosis	51-56
Vaccination (B.C.G.)	8, 54-56
do. (Poliomyelitis)	8, 64
Vision, see " Eyes "	
Weights, see " Heights and Weights "	
X-ray of Chests, see " Mass Radiography "	

CHILD WELFARE SUB-COMMITTEE

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Coun. M. J. SEWELL, M.P.S., J.P.
Ald. A. SMITH.
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Ald. P. J. M. TURNER, J.P.
Coun. J. S. WORRALL.

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Mr. T. DRURY SMITH, M.C., J.P.
Coun. E. TINDALL.
Ald. P. J. M. TURNER, J.P.

* Co-opted members who were previously Governors of the School.

Director of Education—STANLEY MOFFETT, M.C., M.A.

STAFF

Principal School Medical Officer.

MARION C. TAYLOR, M.B., Ch.B., D.P.H.

School Medical Officers.

JAMES GREER, L.R.C.P. (I.), L.R.C.S.(I).	ELSIE G. M. OATES, M.D., M.R.C.S., L.R.C.P.
*CHARLES O. GREER, B.A., M.B., B.Ch., B.A.O.	DAVIDA M. PILKINGTON, M.R.C.S., L.R.C.P.
JAMES D. HALL, M.R.C.S., L.R.C.P.	ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P., D.P.H.
KATHLEEN S. P. HILL, M.B., B.Ch., B.A.O.(B.A.).	EITHNE M. SWALLOW, B.A., M.B., B.Ch.
WILLIAM D. A. KING, M.B., Ch.B.	PHOEBE M. WHITE, M.B., Ch.B., D.C.H.
DORIS E. MORTON, B.A., M.B., B.Ch., B.A.O., L.M.	

Specialist Officers.

Ophthalmic Section	†*MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Aural Section	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopaedic Section	†*FRANK W. HOLDSWORTH, B.A., M.Chir., F.R.C.S.
	†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
	†*SIDNEY PAPPWORTH, M.B., Ch.B., M.Ch.
Rheumatism and Heart	†*JOHN LORBER, M.D., M.R.C.P.
Orthodontic Section	*HANS L. EIREW, L.D.S., B.D.S.

Principal School Dental Officer.

EDGAR COPESTAKE, L.D.S.

School Dental Officers.

AIDAN C. BLOOMFIELD, L.D.S.	*Mrs. CYNTHIA REDFEARN, L.D.S.
ALBERT E. CLARKE, L.D.S.	EDMUND A. REEVE, L.D.S.R.C.S.
*JOHN M. COTTON, B.D.S., L.D.S.	AGNES M. THOSEBY, L.D.S.
ALFRED E. GISBURN, L.D.S.	Mrs. LYDIA L. E. TOWNSEND.
EDITH M. HAGUE, L.D.S.	*FRANK E. WELTON, L.D.S.R.C.S.
MARY M. PELLATT, L.D.S.R.C.S.	

(Three vacancies for School Dental Officers).

Dental Anaesthetist.

*IAN ASHFORTH, M.B., Ch.B.

School Nursing Sisters.

ELSIE DENT (Chief School Nursing Sister).

PHYLLIS M. ARTHUR.	Mrs. JOYCE LEACH.
Mrs. OLIVE M. ASHTON.	Mrs. LILIAN LIVERSIDGE.
Mrs. ELIZABETH BATES.	Mrs. MARGARET MacDOUGALL.
Mrs. GRACE E. BROWN.	Mrs. VALERIE A. MELVILLE.
Mrs. LILIAN COMPTON.	Mrs. EVELYN NOBLE.
Mrs. ELSIE M. COX.	Mrs. MARGARET V. PARKER.
EDITH DONCASTER.	RUTH POULES.
Mrs. IVY HIBBERT.	Mrs. MARY A. REID.
MARGARET HILTON.	Mrs. GRACE RICHMOND.
CLARICE HOBSON.	AUDRY E. SALVIN.
NORA HOBSON.	LUCY SCOTT.
Mrs. VERA C. M. JAMES.	Mrs. BEATRICE B. SPENCER.
Mrs. CONSTANCE E. JONES.	GRACE STANIFORTH.
HILARY M. JONES.	SYLVIA M. WILLIAMSON.
Mrs. JACQUELINE S. KIRKBY.	RUTH WILMOT.
CONSTANCE M. LAMBERT.	Mrs. ELSIE S. WOODWARD.

(One vacancy for School Nursing Sister).

Nursing Assistants.

Mrs. DOROTHY R. BAKER.
KATHLEEN J. BELL.
DOROTHY BURDEKIN.
WINIFRED CLEGG.
ENID CLOUGH.
Mrs. MARY CRAPPER.
Mrs. MAUD CROOKES.

ELIZABETH GILL.
BERYL N. JONES.
NORRIE A. SMITH.
ROSALIE V. SWEENEY.
Mrs. JOAN M. TURNER.
KATHLEEN E. WRIGHT.

Dental Attendants.

JEAN SMITH BANBURY.
CONSTANCE V. BOWIE.
DOROTHY V. BROWN.
Mrs. OLGA V. HABERSON.
WINIFRED M. McKENZIE.
CLARE E. MARLOW.

CLARA L. MARSDEN.
Mrs. FRANCIS MORRIS.
BARBARA ROBINSON.
BARBARA J. STANLEY.
ELLEN TRUMAN.
PAMELA E. WILKINSON.

(One vacancy for Dental Attendant).

Oral Hygienist.

(Vacancy).

Dental Technicians.

CLIFFORD J. ATKIN (Senior).
LAURENCE C. BENNETT.
(Vacancy for Apprentice).

Senior Speech Therapist—(Vacancy).

Assistant Speech Therapists.

ANNE A. COOPER, L.C.S.T.

SYLIVA LESS, L.C.S.T.

Chiropodist—*LEONARD ALDAM, M.Ch.S.

Physiotherapist—(Vacancy.)

After-Care Officer—WINIFRED STIRGESS.

Dispenser at Clinics—GEORGE WARRILOW.

Orthoptists.

†*EVELIN GUERIN.

†*Mrs. PAMELA NIXON.

Clerical Staff.

WILLIAM F. HERN (Chief Clerk).

AUDREY H. ANDREW.
JOYCE BENTON.
BETTY E. BLACKWELL.
PATRICIA BOULBY.
Mrs. AUDREY BRYAN
Mrs. EDITH M. BUTCHER.
Mrs. KATHLEEN A. CLARKE.
Mrs. CONSTANCE CLINTON.
FRANK CROOKES.
JEAN E. CUCKSON.
Mrs. DOROTHY J. CURTIS.
BARBARA DYSON.
JOAN FOX.
Mrs. DOROTHY K. GLAVES.
LESLEY HERON.
KATHLEEN HUTCHINSON.

Mrs. BARBARA KENNEDY.
DOREEN LUDLAM.
Mrs. DOROTHY MacDONALD.
DEREK MATTHEWMAN (H.M.F.).
FREDA NEEDHAM.
LILIAN SMITH.
JOAN M. SPARLING.
DENIS STANIFORTH, D.P.A.
DONALD STANIFORTH, D.P.A.
WILLIAM H. STARK.
Mrs. BRENDA J. WALSH.
EILEEN K. WALSH.
Mrs. SILVIA M. WILLIAMS.
JOHN J. WOOLLEN, D.P.A.
(Vacancy)

CHILD GUIDANCE CENTRE.

Medical Director—THE PRINCIPAL SCHOOL MEDICAL OFFICER.

NOEL E. WHILDE, M.Sc., F.B.Ps.S.
(Educational Psychologist in charge).
RUTH J. M. GARDEN, M.A., Ed.B.
(Educational Psychologist).
PETER F. PORTWOOD, B.Sc., A.B.Ps.S.
(Educational Psychologist).

†*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,
D.P.M. (Psychiatrist).
GRAHAM TWEDDLE, M.A.
(Educational Psychologist).
*Mrs. ROSE HOLMES.
(Psychiatric Social Worker).

(Vacancy for Psychotherapist).

BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN.

KATHLEEN GRAYSON (Matron).

MURIEL M. HARTLEY.

(Resident Enrolled Assistant Nurse).

(Vacancy for Resident Assistant House Mother.)

SHEFFIELD SCHOOL FOR BLIND CHILDREN.

JOYCE WILKINSON (Matron-Housekeeper).

MAUD MAXFIELD SCHOOL FOR THE DEAF.

Mrs. WINIFRED L. WOODLEY (Matron-Housekeeper)

* Part-time Officer.

† Appointment by arrangement with the Regional Hospital Board.

SCHOOL HEALTH SERVICE, CENTRAL CLINIC, 7, Leopold Street, Sheffield, 1. (Telephone 26341).

SUMMARY OF WORK, 1956

	Children	Attend- ances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—		
Visits to Schools	1,657	
Periodic Health Inspection—		
Primary and Secondary Schools	17,637	
Special Inspections	585	
Nursery Schools and Classes	809	
Selected cases	616	
“ Following up ”	3,799	
Special cases	1,909	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—		
Inspection and Minor Ailments Clinics.. .. .	19,044	37,059
OPHTHALMIC CLINIC—		
Examined by the Surgeon	4,408	6,279
Dressed by Nursing Sisters	1,353	4,612
Orthoptic treatment	385	1,424
AURAL CLINIC—		
Examined by the Surgeon	554	994
Dressed by Nursing Sisters	1,934	11,119
DENTAL CLINICS—		
Inspected at Schools	37,845	
Inspected at clinics	5,618	
Treated by School Dental Surgeons	16,468	32,122
ORTHOPÆDIC CLINIC—		
Examined by the Surgeons	546	737
RHEUMATISM AND HEART CLINIC—		
Examined by the Physician	126	143
CHILD GUIDANCE CENTRE	684	4,847
SPEECH THERAPY CLINIC	247	4,119
CHIROPODY CLINIC—		
Treated by the Chiropodist	793	1,814
IMMUNIZATION AGAINST DIPHTHERIA—		
At schools and clinics	3,101	4,370
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examinations of children in schools	277,537	
Visits to homes	2,514	
Minor dressings at clinics and schools	17,617	47,973
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS		157,612

CITY OF SHEFFIELD

GENERAL INFORMATION

Population (as estimated mid-1956)	499,000
Area	39,598 acres.
Density of Population	12.60 persons per acre.
Rateable Value.. .. .	£5,655,692
Education Rate	69.9d.
Penny Rate produces	£25,320
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	160
Number of departments	220
Number on rolls	74,454
Special Schools—	
Number of schools	14
Number on rolls	1,298

CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1956.

Details of the work are given throughout the report but comments on some sections are thought to be appropriate.

The opinion of the school doctors is that the nutrition of the children has reached the high standard of previous years and this is supported by the anthropometric measurements. It was noted last year that the period of remarkable acceleration of growth seemed to be coming to an end, and this year the heights and weights have remained approximately the same as last year. The small percentage of children judged to be undernourished but with no symptoms or physical signs of illness are not usually from the homes materially poor, but more often from those where parental care is inadequate ; the parents commonly have either inferior intelligence, serious character defects, or suffer from marked instability. One marvels often, not that the particular children are inferior in general condition, but that under the circumstances of their home life they are, comparatively, so normal. Now that nutrition in general has reached such a high standard one has time to turn one's attention to the overnourished or obese. This can interfere with a child's way of life quite simply, by rendering him less physically capable than his fellows. As inevitably he makes a poor show at games social unpopularity may follow; then finally, loss of self-confidence and psychological trauma may be the end result. Parents do not readily regard being overweight as a serious matter, and think it unkind to insist on a suitable weight reducing diet ; such a diet can, however, be made interesting and varied, and the improvement in vitality which ensues, is sufficient reward for the trouble taken.

It is disappointing that children's teeth, far from improving as regards absence of decay, are actually deteriorating. To consider this in terms of treatment, one looks back to 1949-1952 when there was a period when health education had awakened parents to the necessity for regular dental treatment, instead of waiting for toothache to occur, and the acceptance rate in the School Dental Service was accordingly high. Unfortunately this coincided with the early days of the National Health Service when dental officers were

leaving the school dental services, so the parents' wishes could not be met. Now the acceptance rate for conservative work is much lower, but even so the available staff can only treat fully, a selected number of those children requiring it. A further small number get adequate treatment, as their parents belong to the socially more responsible group, and take them regularly to a private practitioner. Only half the school population, however, is being dentally examined annually, so it is inevitable that the parents of many of the other children will be unaware that treatment is necessary, and therefore neither seek it from private practitioner nor school dentist.

A second way to look at the problem of dental caries is in terms of prevention rather than treatment, and the Principal Dental Officer in the section "Incidence of Caries" deals with the prevalence of sweet eating and high consumption of carbohydrates, which has occurred since the discontinuation of rationing. This is something that should be taken very seriously by all those concerned with the welfare and education of children. The Ministry of Health is at present investigating the value of making up the deficiency of fluorine in public water supplies in order to prevent dental caries. It is interesting to note that the fluorine present in the drinking water of Sheffield is less than one tenth of the suggested optimum requirement.

The dovetailing of one medical or health service into another to ensure efficiency and prevent overlapping is important, so a note on co-operation with the National Health Service is again included ; a new feature is the report sent to the general practitioner notifying him of any defect of importance found, after the final medical examination of the child before leaving school.

Periodic health inspection of the statutory age groups has unfortunately not been completed, owing to the lack of the full establishment of doctors for the major part of the year.

There was the usual increase in scarlet fever and sore throats during the winter months, and a mild form of dysentery of short duration was widely scattered throughout the city during the year. Diphtheria was absent for the seventh year in succession, and it was a relatively light year for anterior poliomyelitis.

Vaccination against poliomyelitis with the British vaccine was commenced, but it was only possible to complete it for 1,500 children, as the supply was not as ample as had been expected. In addition the time for vaccinating was short, as the authorities were advised to discontinue it during the period when the disease normally increases.

Vaccination with B.C.G. of children aged 13 years for the purpose of preventing tuberculosis is now established, and has been linked up with the search for early cases of tuberculosis by mass radiography.

It is expected that the school clinic at Handsworth, at present held in an old army hut, will be replaced by a new building next year, and that a second clinic attached to Greenhill School will be built for 4,000 children now in that area. The replacement of Attercliffe Clinic is in the 1956–57 programme, and steps to obtain the freehold of the land are being taken. Two rooms beside Whitby Rd. School at one time used for shower baths, have been converted into a medical room and waiting room to serve the three school departments, and this has relieved the congestion in the school to the benefit of the educational and medical work.

The Residential Hostel for the Maud Maxfield School for the Deaf opened in May 1954, has gradually added to its numbers and there are now 34 resident children aged from three years upwards. The children have settled down exceptionally well, and many incidents could be quoted showing that the staff have managed to make them feel secure and happy away from home—no mean task considering the difficulty inherent in their deafness. The special importance to the deaf of close contact with the home is recognised, and all children who reside near enough return home for week-ends ; the remainder, usually about 6–8 children, are enough to form a satisfying family group, and the staff have the opportunity of getting to know them in a more intimate way. Equipment supplied by the Committee to increase the facilities for auditory training in the school, includes a modified Amplivox Speech Training Hearing Aid fitted with two pairs of head phones, a Philips Group Hearing Aid for the amplifying room for junior children, and the Philips Inductive Loop System for the two nursery classrooms. It is too soon to comment on the benefit to the children of this apparatus.

The ascertainment of the partly deaf is more complete and has necessitated an increase in the number of classes for lip reading—this is dealt with at some length in the report.

The Clinic for Young Deaf Children is now over a year old and useful work is being done in helping the children and mothers, but the time is not yet ripe to report on it. The Amplivox Speech Training Hearing Aid obtained, is proving invaluable.

It now remains for me to acknowledge the support and consideration shown by the Chairman and Members of the Committee in the welfare of the child. I have pleasure in expressing thanks to Mr. Moffett, the Director of Education, for his valuable advice, and to the staff of the various departments for their help in preparing sections of the report. Thanks are due to Dr. Roberts, the Medical Officer of Health, for certain vital statistics. I am greatly indebted to the whole staff of the School Health Service for their collaboration in all the work of the year.

M. C. TAYLOR,
Principal School Medical Officer.

CLINICS

Clinic	No. of Schools	No. of Depts.	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street	All	All	Full-time.	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopædic, heart and chiropody clinics. Central inspection, minor ailment and immunization clinics.
Child Guidance Centre, 9, Newbould Lane	All	All	Full-time.	Child Guidance.
Speech Therapy Clinic, 9, Newbould Lane	All	All	Full-time.	Speech Therapy.
DISTRICT MEDICAL CLINICS.				
Central Clinic, 7, Leopold Street—				
District E	16	24	Mon., Wed. and Sat. mornings.	Inspection, minor ailment and immunization clinics.
District F	20	26	Tues. and Thurs. afternoons & Sat. mornings.	
Attercliffe Branch Clinic, Vicarage Road	11	18	Mon., Tues., Wed., and Fri. afternoons and Sat. mornings.	
Pitsmoor Branch Clinic, Ellesmere Road County School	11	23	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Hillsborough Branch Clinic, Broughton Road	15	26	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Heeley Branch Clinic, Lowfield County School	28	38	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Handsworth Branch Clinic, Hall Road, Handsworth	9	14	Wed. mornings.	
Woodhouse Branch Clinic, Balmoral Road, Woodhouse	2	2	Fri. mornings.	
Shiregreen Branch Clinic, Shiregreen County School	10	16	Mon., Wed. and Fri. afternoons and Sat. mornings.	
Manor Branch Clinic, Prince Edward County School	14	25	Mon., Tues., Wed., Thurs. afternoons and Sat. mornings.	
Wisewood Branch Clinic, Wisewood County School	3	6	Wed. and Fri. afternoons.	
Southey Green Branch Clinic, Southey Green County School	2	5	Tues. afternoons.	
Wybourn Branch Clinic, Wybourn County School	4	5	Mon. and Thurs. mornings.	
DENTAL CLINICS.				
Central Clinic, 7, Leopold Street	41	50	Full-time.	Routine and casual dental treatment, special dental cases, and dental radiography.
Owler Lane Branch Clinic, Owler Lane County School	11	21	Varies.	
Western Road Branch Clinic, Western Road County School	9	17	„	
Attercliffe Branch Clinic, Vicarage Road	12	21	„	
Manor Branch Clinic, Prince Edward County School	24	38	„	Routine and casual dental treatment.
Southey Green Branch Clinic, Southey Green County School	4	10	„	
Hatfield House Lane Branch Clinic, Hatfield House Lane County School	8	13	„	
Heeley Branch Clinic, Lowfield County School	27	37	„	Routine and casual dental treatment and orthodontics.

ATTENDANCES AT CLINICS

	Atter-cliffe	Pits-moor	Hills-boro'	Heeley	Central (E)	Central (F)	Hands-worth	Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wy-bourn	Special Depts.	Total
Inspection and Minor Ailments Clinics ..	3,980	5,446	4,118	5,172	1,981	1,984	992	320	2,647	3,897	2,767	911	2,844	—	37,059
Child Guidance Centre ..	—	—	—	—	—	—	—	—	—	—	—	—	—	4,847	4,847
Speech Therapy Clinics ..	—	—	—	—	—	—	—	—	—	—	—	—	—	4,119	4,119
Treatment Clinics—															
Ophthalmic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	6,279	6,279
Orthoptic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,424	1,424
Aural ..	—	—	—	—	—	—	—	—	—	—	—	—	—	994	994
Dental (Central & Branch)	—	—	—	—	—	—	—	—	—	—	—	—	—	32,122	32,122
Orthopædic ..	—	—	—	—	—	—	—	—	—	—	—	—	—	737	737
Rheumatism & Heart ..	—	—	—	—	—	—	—	—	—	—	—	—	—	143	143
Diphtheria Immunization	—	—	—	—	—	—	—	—	—	—	—	—	—	4,370	4,370
Chiropody ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1,814	1,814
Dressings by School Nursing Sisters—															
Eye cases ..	289	338	196	419	221	19	12	240	101	217	103	280	2,177	4,612	4,612
Ear cases ..	1,843	1,686	786	808	916	169	223	528	1,258	407	224	651	1,620	11,119	11,119
Minor ..	4,347	2,449	3,678	3,888	2,577	689	268	2,693	3,998	1,929	1,204	5,539	14,714	47,973	47,973
TOTALS ..	10,459	9,919	8,778	10,287	7,679	1,869	823	6,108	9,254	5,320	2,442	9,314	75,360	157,612	157,612

STAFF

The year commenced with two vacancies for school medical officers and the position remained unchanged for most of the year, making it very difficult to accomplish from day to day the urgent and essential work, and impossible to complete all the statutory groups for periodic health inspection. Dr. White was appointed in February, and Dr. Das resigned that month. Dr. Pilkington filled one of the vacancies in September and Dr. Hill the other in November. Dr. Pilkington and Dr. Hall were each allowed leave of absence for 4 sessions a week from October, in order to attend classes to qualify for the Diploma in Public Health.

Mrs. Townsend was appointed as dental officer in October, and Mr. Welton in a part-time capacity in September. There were 3 vacancies at the end of the year.

Mrs. Aldridge, the Head Speech Therapist, resigned in May and we were unable to replace her.

Seven school nursing assistants were appointed and three resigned.

One of the dental attendants, Miss Ingram, resigned on superannuation after 37 years on the staff. It is good to be able to report such a fine record of service and it is hoped that she will enjoy her retirement.

CO-OPERATION WITH THE NATIONAL HEALTH SERVICE

The arrangements previously made with the Regional Hospital Board in connection with specialist clinics held at the Central Clinic, Leopold St., have continued to work smoothly ; letters are sent to the general practitioners each week giving the result of the consultants' examinations. An increasing number of requests for information on a child's health or behaviour in school, or for the results of any special examinations carried out by the School Health Service staff, are coming forward from hospital doctors. Pædiatrics are good enough to send us copies of their letters to general practitioners, and accounts of diagnostic investigations, relating to school children. Close contact with hospital almoners is maintained and at one Children's Department this is done by a school nursing sister attending at the hospital weekly ; she visits many homes at the request of the pædiatrician, and also obtains information about child in-patients very helpful to the school nursing sister for the child's area.

Co-operation with general practitioners, where the opportunity arises in the interests of a particular child, is a definite aim, and in the various districts is being gradually implemented by the school medical officers and nursing sisters.

The Committee on General Practice in its report* recommend that "...after the final examination by the school medical officer and before the child's records are filed, it should be the responsibility of the school medical officer,

* Report of the Committee on General Practice within the National Health Service. H.M.S.O.

where he considers that the record contains anything which might be of clinical interest to the general practitioner, to arrange, either directly or through the Local Executive Council, to supply this information in a convenient form for inclusion in the general practitioner's medical records."

As reported in "The Health of the School Child" this was put into practice in 1954-5 in six areas, Sheffield being one of them. It was found to be welcomed by the Local Medical Committees, so was continued in 1956 in those areas, and should now be a permanent feature of the service. It will no doubt be extended in the country soon. The local procedure is this. When the school medical officer examines the child before leaving school and finds a defect, he writes a letter to the child's general practitioner giving information of clinical interest and including any recommendation made regarding future employment. This is then taken to the Central Clinic and the doctor refers to the card index to see if there are any other records filed centrally relating to the same child, so that the report can be made comprehensive before dispatch. The letter is in the form of a card of a suitable size for inclusion in the National Health envelope. During the year following the examination of 4,915 leavers, 285 such letters were sent, that is six per cent. The conditions with which the letters dealt with in the main were the following :—

DEFECTS							No. OF CHILDREN
Defective vision	..	..	..	..	..	..	75
Defective vision and defective colour vision	..	..	..	..	..	..	2
Defective colour vision	..	..	..	..	..	..	42
Other abnormalities of the eyes	..	..	..	..	..	..	12
Deafness	..	..	..	..	..	..	25
Otitis media	..	..	..	..	..	..	13
Other E.N.T. conditions	..	..	..	..	..	..	29
Heart conditions	..	..	..	..	..	..	12
Chest conditions	..	..	..	..	..	..	24
Rheumatism	..	..	..	..	..	..	10
Epilepsy	..	..	..	..	..	..	4
Neurological	..	..	..	..	..	..	9
Orthopædic	..	..	..	..	..	..	9
Others	..	..	..	..	..	..	19
							<hr/> 285 <hr/>

CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS

Co-operation of all adults in any way concerned with the child is essential to his well-being and fortunately is readily obtained. The following percentage of parents took advantage of attending with their children at the periodic health inspection :—

	1955 per cent.	1956 per cent.
Entrants	91·76	92·3
Intermediates	48·19	67·33
Leavers	28·57	31·66
Additional inspections	55·94	63·59

Most sincere appreciation is felt for the co-operation of teachers, inspectors, education welfare officers, the Children's Officer, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, the Cripples' Aid Association, the Voluntary Association for Mental Welfare and the Council of Social Service.

Due acknowledgment and thanks are given to the local Press for their continued sympathetic and helpful presentation of school health topics.

During the year the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made the usual excellent use of Fairthorn Convalescent Home. It opened from March 19th to December 22nd and during that period a total of 189 children (92 girls, 97 boys) benefited by convalescence there. Additional to this number are 76 children who went during the summer vacation, being selected from the poorer parts of the City by the teachers. All the children were examined by the school medical officers and deemed suitable.

PERIODIC HEALTH INSPECTION

As mentioned in previous reports, Circular 269 allowed some variations in the age groups for periodic health inspection. In Sheffield it was arranged that children should be examined as soon as possible after entering school, in their first year at the secondary school, and before leaving school. This enables the head teachers of the schools to have a full medical report on all entrants to their departments, and to discuss the health of any child with the doctor. It means that junior schools are not visited for periodic health inspection, but an annual visit is made for a medical survey, and selected children can then be examined. It should be remembered that, in addition, all pupils are seen at intermediate periods by the school nursing sisters. The main statistics on medical inspection will be found on pages 77-83 and the findings are given in accordance with the Ministry's requirements.

The number of children (1955 figures in brackets) found to require treatment at the periodic health inspection for various defects was 1,925 (981). In addition 1,923 (1,897) were referred for further medical supervision.

At the "follow-up" examinations which take place the year after the periodic health inspection 3,799 (4,429) children were examined.

There were 616 (802) cases selected at the survey inspection and 118 (84) were found to require treatment.

The percentage of the periodic health inspection groups referred for treatment (excluding defects of nutrition, uncleanliness and dental disease) were as follows :—

Entrants	..	..	..	..	..	12.04	(6.68)
2nd Group	..	..	..	..	..	8.52	(4.08)
3rd Group	..	..	..	..	..	12.27	(6.13)
†Additional inspections..	..	..	..	..	..	3.4	(4.41)
Total for all groups	..	..	..	..	..	10.56	(5.62)

† Pupils at special schools or who missed the usual periodic examinations.

EXTRACTS FROM REPORTS OF SCHOOL MEDICAL OFFICERS

The following are extracts from reports of the school medical officers. Their clinical opinion is that the nutrition of the children is as good as in previous years.

“ The health of the school children in this district has been excellent and calls for no special comment.”

“ The standard of cleanliness among the school population in this district continues to improve and is now of a very satisfactory level. The clothing adopted by the children, whilst it has for the last few years been good, is now assuming a more practical nature—the garments and shoes worn are better in quality and less gaudy in appearance. Wet weather clothing of a good type is now generally adopted, and this I think may in some measure be contributory to a decrease of respiratory infections of sufficient severity to cause absence from school.

I have received the impression during the past year that the attitude of parents towards the suggestion that their child is in need of education at a school for educationally sub-normal children is more enlightened. On this point I think that the pamphlet “ Why Special Schools”^{*} is a good idea, for I have found that those parents who have read it have often expressed the opinion that it was descriptive of their own child, and has helped them to see the reason why ascertainment was considered necessary.”

“ I am pleased to report that the health of the children in my two areas has been good on the whole, and we have had no serious epidemics at all. Scarlet fever, rheumatic fever, and chorea, seem to be dying out in their textbook form, and the cases seen have been mild ones quickly responding to modern treatments.

Scabies, impetigo and ringworm cases have been almost non-existent, but despite greatly improved cleanliness of the district as a whole we are troubled with a few persistently verminous families who are resentful and unwilling to co-operate, refusing clinic treatment, coming most unwillingly for clinic supervision, yet immediately re-infected from home if our vigilance relaxes for more than a few days. These cases have increasingly close attention, but constitute a disappointing hard core of social misfits.”

Another doctor, comparatively new to the staff, writing from her industrial area after giving assistance at a clinic in the nearest suburb states :—

“ I received a definite impression that the incidence of enlarged tonsils and discharging ears was less than in the schools round here, and several parents said how much better the health of their children had been since moving there.”

^{*} “Why Special Schools” issued by the National Association for Mental Health, 39, Queen Anne Street, London, W.1.

GENERAL CONDITION

The classification of children under the term "General Condition" implies a general impression of the children's physical fitness. That the assessment is necessarily a subjective one is generally agreed ; for example, one's standard tends to be higher in a school where the nutritional level is high, and lower in one that is less good.

This year the Ministry have asked for two designations only, "Satisfactory" and "Unsatisfactory," so it is not possible to compare the results with previous years.

Age groups	Year	Number examined	Satisfactory per cent.	Unsatisfactory per cent.
Entrants	1955	6,435	15·49	0·25
	1956	6,205	99·84	0·16
Intermediates	1955	5,171	15·97	0·83
	1956	6,517	99·68	0·32
Leavers	1955	5,338	21·39	0·43
	1956	4,915	99·74	0·26
Special Examinations ..	1955	522	5·94	2·49
	1956	585	99·15	0·85
Total for all age groups ..	1955	17,466	17·15	0·55
	1956	18,222	99·73	0·27

HEIGHTS AND WEIGHTS

The first table of anthropometric examinations of the children includes for comparison figures for the years 1920, 1938 and 1945 pre-war and post-war years, and 1955. Last year it was noted that the tendency in past years to an increase in height and weight appeared to be less marked ; the same could be said this year, although the movement is still in an upward direction.

The second table gives a comparison between schools in varying types of districts. It should be added that last year the schools were re-classified because of the rehousing of population and building of new schools. The question arose whether the schools should be classified according to the buildings, the area in which they were situated or the social background of the children. In the past these three things coincided, but this is not so now. It was decided to classify by social background.

HEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1955 Inches	1956 Inches	Number Examined 1956	Age	1920 Inches	1938 Inches	1945 Inches	1955 Inches	1956 Inches	Number Examined 1956
5	40.5	42.44	42.93	43.24	43.34	2,537	5	40.75	42.13	42.64	42.87	42.77	2,400
6	42.75	44.76	44.77	45.53	45.6	2,746	6	42.45	44.24	44.63	45.19	45.28	2,546
7	44.4	47.09	46.98	47.89	47.85	3,055	7	44.05	46.77	46.59	47.57	47.56	2,890
8	46.9	49.21	49.84	50.05	50.19	3,393	8	46.9	48.86	48.85	49.56	49.73	3,266
9	48.45	50.47	50.38	51.97	52.13	3,652	9	47.95	50.39	51.22	51.57	51.7	3,375
10	49.8	52.28	54.31	54.03	53.97	3,113	10	50.25	52.13	54.38	53.8	53.74	3,069
11	53.55	53.98	54.91	55.75	55.97	3,149	11	51.1	55.28	55.62	55.82	56.2	3,058
12	54.05	56.42	56.44	57.46	57.8	2,872	12	54.5	57.52	57.96	58.17	58.51	2,803
13	55.7	57.91	59.1	59.57	60.01	2,378	13	56.05	58.9	60.02	60.18	60.42	2,341
14	56.45	59.8	60.38	62.4	62.47	2,124	14	57.	60.75	60.9	61.54	61.77	2,146
15	—	—	—	64.31	64.42	404	15	—	—	—	62.17	62.24	408
16	—	—	—	66.43	66.61	76	16	—	—	—	63.39	63.07	82

WEIGHTS

SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1955 Pounds	1956 Pounds	Number Examined 1956	Age	1920 Pounds	1938 Pounds	1945 Pounds	1955 Pounds	1956 Pounds	Number Examined 1956
5	38.6	41.49	41.58	43.62	43.74	2,537	5	38.9	39.93	40.18	42.16	42.1	2,400
6	42.2	45.72	44.95	48.26	48.58	2,746	6	40.45	43.87	43.71	46.95	47.07	2,546
7	45.1	51.1	49.77	53.55	53.76	3,055	7	42.1	49.21	47.62	52.65	52.74	2,890
8	50.15	56.17	57.12	59.56	59.83	3,393	8	49.05	54.17	54.41	58.03	58.64	3,266
9	52.25	60.	61.73	65.52	65.99	3,652	9	52.2	58.	59.12	64.47	64.95	3,375
10	57.7	64.29	74.52	72.57	72.69	3,113	10	53.4	63.8	67.61	72.11	72.29	3,069
11	68.2	70.86	73.49	79.06	80.08	3,149	11	61.75	75.44	77.48	79.81	81.66	3,058
12	70.4	80.14	79.35	86.21	87.96	2,872	12	71.05	83.47	85.85	90.84	91.69	2,803
13	73.75	85.61	90.07	94.94	97.52	2,378	13	77.35	89.66	96.04	100.78	102.37	2,341
14	79.55	94.14	95.16	108.05	108.48	2,124	14	78.95	100.5	99.65	110.3	110.66	2,146
15	—	—	—	120.07	119.15	404	15	—	—	—	114.18	114.94	408
16	—	—	—	131.52	136.63	76	16	—	—	—	122.53	124.89	82

HEIGHTS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS										GIRLS									
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools			
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches		
5	2,537	43.34	728	43.77	1,261	43.37	548	42.71	5	2,400	42.77	669	43.3	1,190	42.67	541	42.32		
6	2,746	45.6	703	46.23	1,378	45.5	665	45.12	6	2,546	45.28	705	45.91	1,256	45.15	585	44.78		
7	3,055	47.85	881	48.58	1,545	47.64	629	47.36	7	2,890	47.56	788	48.11	1,439	47.39	663	47.29		
8	3,393	50.19	1,018	50.85	1,615	50.07	760	49.57	8	3,266	49.73	964	50.3	1,619	49.59	683	49.26		
9	3,652	52.13	1,116	52.72	1,759	52.02	777	51.53	9	3,375	51.7	997	52.31	1,655	51.59	723	51.12		
10	3,113	53.97	905	54.58	1,542	53.89	666	53.35	10	3,069	53.74	912	54.33	1,511	53.67	646	53.06		
11	3,149	55.97	978	56.51	1,562	55.79	609	55.56	11	3,058	56.2	1,018	56.76	1,492	56.12	548	55.37		
12	2,872	57.8	962	58.18	1,343	57.71	567	57.37	12	2,803	58.51	993	59.06	1,323	58.29	487	58.		
13	2,378	60.01	812	60.52	1,113	59.81	453	59.39	13	2,341	60.42	783	60.96	1,093	60.31	465	59.77		
14	2,124	62.45	715	63.09	981	62.16	428	62.03	14	2,146	61.77	684	62.01	1,038	61.68	424	61.59		
15	404	64.42	791	65.25	166	63.71	47	63.57	15	408	62.24	181	62.9	170	61.7	57	61.74		

WEIGHTS

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

BOYS															GIRLS														
Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools		Age	All Schools		Good District Schools		Medium District Schools		Poor District Schools													
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds												
5	2,537	43.74	728	44.56	1,261	43.56	548	43.06	5	2,400	42.1	669	42.99	1,190	41.85	541	41.56												
6	2,746	48.58	703	49.72	1,378	48.4	665	47.73	6	2,546	47.07	705	48.58	1,256	46.8	585	45.84												
7	3,055	53.76	881	55.34	1,545	53.23	629	52.84	7	2,890	52.74	788	53.53	1,439	52.43	663	52.48												
8	3,393	59.83	1,018	61.39	1,615	59.57	760	58.31	8	3,266	58.64	964	60.07	1,619	57.97	683	58.24												
9	3,652	65.99	1,116	67.44	1,759	65.37	777	64.63	9	3,375	64.95	997	66.14	1,655	64.64	723	64.05												
10	3,113	72.69	905	74.57	1,542	72.31	666	71.01	10	3,069	72.29	912	73.43	1,511	72.08	646	71.16												
11	3,149	80.08	978	82.51	1,562	79.11	609	78.67	11	3,058	81.66	1,018	83.27	1,492	81.43	548	79.31												
12	2,872	87.96	962	89.26	1,343	87.52	567	86.81	12	2,803	91.69	993	93.47	1,323	90.81	487	90.48												
13	2,378	97.52	812	99.91	1,113	96.34	453	96.14	13	2,341	102.37	783	103.97	1,093	102.83	465	98.57												
14	2,124	108.48	715	111.44	981	107.07	428	106.8	14	2,146	110.66	684	110.18	1,038	111.02	424	110.55												
15	404	119.15	191	122.99	166	116.68	47	112.25	15	408	114.94	181	117.61	170	112.47	57	113.81												

SCHOOL MEALS

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December 1956 :—

1956	Totals	1956	Totals
January	34,942	July	34,201
February	31,721	August	—*
March	34,684	September	35,331
April	35,238	October	35,532
May	35,252	November	35,342
June	34,595	December	35,625

* All schools closed in August

	1955	1956
Number of dinners supplied on payment..	5,636,133	5,929,216
Number of dinners supplied free	537,807	488,087
Number of dinners supplied on part-payment of 6d.	8,725	10,371

The following is the number of children on free meals in December, earlier years being included for comparison :—

1950	1951	1952	1953	1954	1955	1956
3,978	3,874	3,987	4,117	3,560	3,231	2,862

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. - The supply at present is limited to one one-third pint bottle per day per child and no charge is made.

All milk supplied to the schools is pasteurised.

1956	Primary and Secondary Schools	Grammar Schools	Non-Maintained Schools	Totals
January	58,373	3,615	—	61,988
February	56,699	3,385	—	60,084
March	57,629	3,400	—	61,029
April	59,907	3,504	—	63,411
May	59,918	3,583	—	63,501
June	59,408	3,560	—	62,968
July	59,218	3,507	—	62,725
† August	—	—	—	—
September	58,755	4,293	2,791*	65,839
October	58,613	3,774	3,004*	65,391
November	57,584	3,775	2,986*	64,345
December	57,925	3,764	2,934*	64,623

† All schools closed in August.

* From 1st September, 1956 free milk to Non-Maintained Schools became the responsibility of the Local Education Authority.

A return to the Ministry of Education shows that on a day in October, 1956, 87·2% of pupils received beverage milk and 44·4% received dinners.

CLEANLINESS

The figures obtained from inspection at the routine examinations, following due notice to the parents, are given below, and show that the standard has improved slightly.

CLEANLINESS OF HEAD

			CLEAN per cent.	INFECTED HAIR per cent.				
Boys ...	1945	...	97·04	2·96	(Nits	2·81	Lice	0·15)
	1953	...	98·51	1·49	(,,	1·45	,,	0·04)
	1954	...	98·41	1·59	(,,	1·59	,,	—)
	1955	...	98·86	1·14	(,,	1·07	,,	0·07)
	1956	...	99·37	0·63	(,,	0·62	,,	0·01)
Girls ...	1945	...	83·24	16·76	(,,	15·83	,,	0·93)
	1953	...	93·26	6·74	(,,	6·67	,,	0·07)
	1954	...	92·23	7·77	(,,	7·75	,,	0·02)
	1955	...	95·07	4·93	(,,	4·87	,,	0·06)
	1956	...	97·16	2·84	(,,	2·82	,,	0·02)

CLEANLINESS OF BODY

			CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys ...	1945	...	99·56	0·41	0·03
	1953	...	99·84	0·16	—
	1954	...	99·87	0·13	—
	1955	...	99·97	0·03	—
	1956	...	100·	—	—
Girls ...	1945	...	99·65	0·30	0·05
	1953	...	99·95	0·05	—
	1954	...	100·	—	—
	1955	...	99·98	0·02	—
	1956	...	99·98	0·01	0·01

HYGIENE OF SCHOOL BUILDINGS

At the close of the periodic health inspection the school medical officers make an examination of the hygienic condition of the schools. Any structural defects, or suggested alterations or additions which might improve the health of the children are reported.

Three new schools have been completed, namely Bradway County, and Silverdale and Hinde House Secondary. Ecclesall C.E. School has been enlarged by a new wing, and Wybourn by the erection of a kitchen and dining room. Two schools have had new low pressure heating systems installed, and Wadsley Bridge County and Special Schools have had a number of alterations carried out. The Child Guidance Clinic has been much improved by a new sanitary unit, and some other alterations.

INSPECTION AND MINOR AILMENTS CLINICS

The clinics form a very important section of the service and the parents and children have continued to avail themselves of the facilities offered.

The following table records the nature of the consultations during the year :—

INSPECTION AND MINOR AILMENTS CLINICS 1956

Condition	Atter-cliffe	Pitsmoor	Hills-borough	Heeley	Central (E)	Central (F)	Hands-worth
SKIN—							
Ringworm—Scalp ..	—	1	—	—	—	—	—
Body ..	—	—	10	—	—	—	—
Scabies	—	—	1	3	4	—	2
Impetigo	12	10	11	1	7	5	3
Other	258	347	389	507	193	225	105
EYE—							
Defective vision ..	140	214	140	240	221	16	121
Squint	12	21	8	11	9	12	1
Other	97	93	67	120	44	38	33
EAR—							
Defective hearing ..	30	41	28	33	69	25	12
Otitis media	88	95	33	19	29	10	15
Other	183	122	98	172	52	34	44
NOSE AND THROAT—							
Chronic tonsillitis and adenoids	10	35	16	3	—	9	—
Other	180	95	58	68	44	46	19
SPEECH	28	29	20	21	31	13	15
LYMPHATIC GLANDS ..	7	27	12	4	2	—	—
HEART	1	8	5	3	7	6	3
LUNGS	46	57	36	20	33	75	19
DEVELOPMENTAL—							
Hernia	—	2	1	—	—	—	—
Other	—	—	2	—	1	—	—
ORTHOPÆDIC—							
Posture	—	—	—	—	—	—	—
Feet	4	5	6	9	3	15	1
Other	61	114	43	—	39	46	11
NERVOUS SYSTEM—							
Epilepsy	1	7	12	8	10	6	2
Other	4	1	27	1	3	1	3
PSYCHOLOGICAL—							
Development	2	3	1	—	9	7	—
Stability	20	10	7	18	19	34	1
ABDOMEN	8	23	14	—	10	—	—
OTHER	829	784	863	1,226	512	630	261
Cases	2,021	2,144	1,908	2,487	1,351	1,253	671
Examinations	3,980	5,446	4,118	5,172	1,981	1,984	992

Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	1	1	—	—	3	SKIN—
—	—	—	3	1	—	14	Ringworm—Scalp
—	—	11	—	—	1	22	Body
—	4	49	—	3	5	110	Scabies
4	230	366	174	36	53	2,887	Impetigo
							Other
17	77	230	53	20	29	1,518	EYE—
3	3	16	7	—	1	104	Defective vision
2	76	81	73	27	56	807	Squint
							Other
3	22	41	28	4	8	344	EAR—
14	31	110	14	5	27	490	Defective hearing
4	93	105	87	27	56	1,077	Otitis media
							Other
2	13	18	4	4	20	134	NOSE AND THROAT—
17	182	152	79	42	367	1,349	Chronic tonsillitis and adenoids
							Other
5	7	32	23	7	6	237	SPEECH
—	11	5	8	2	2	80	LYMPHATIC GLANDS
—	5	4	—	2	2	46	HEART
8	70	25	34	27	26	476	LUNGS
—	—	1	—	—	—	4	DEVELOPMENTAL—
—	—	3	1	3	—	10	Hernia
							Other
—	—	2	—	—	—	2	ORTHOPÆDIC—
—	—	19	16	—	—	78	Posture
3	84	54	118	22	6	601	Feet
							Other
—	4	6	5	1	1	63	NERVOUS SYSTEM—
—	31	8	12	11	4	106	Epilepsy
							Other
—	—	5	1	2	—	30	PSYCHOLOGICAL—
—	7	17	—	4	—	137	Development
							Stability
—	15	3	—	1	—	74	ABDOMEN
44	579	905	585	169	854	8,241	OTHER
126	1,544	2,269	1,326	420	1,524	19,044	Cases
320	2,647	3,897	2,767	911	2,844	37,059	Examinations

DISEASES OF THE SKIN

Some skin diseases call for special comment.

SCABIES

The incidence of scabies rose from pre-war to reach its maximum in 1942, but in recent years has remained at a low level :—

Year							Number of cases
1942	...	...	...	...	...	...	2,657
1954	...	...	...	...	...	...	16
1955	...	...	...	...	...	...	15
1956	...	...	...	...	...	...	14

RINGWORM OF THE SCALP

There were three cases during the year.

EYE DEFECTS

The number of children found to have defective vision at the routine examination is set out in the table below :—

				Number examined	Normal vision per cent.	Defective vision per cent.
<i>Entrants.</i>						
Boys	...	...	...	3,123 out of 3,184	97·12	2·88
Girls	...	...	...	2,958 out of 3,021	97·06	2·94
<i>Intermediate.</i>						
Boys	...	...	...	3,170	87·92	12·08
Girls	...	...	...	3,347	86·59	13·41
<i>Leavers.</i>						
Boys	...	...	...	2,464	84·66	15·34
Girls	...	...	...	2,451	82·78	17·22
<i>Special Inspections.</i>						
Boys	...	...	...	316	90·19	9·81
Girls	...	...	...	269	92·57	7·43

In addition, the school nursing sisters test the visual acuity in certain other age groups, namely 7, 9 and 13 years. This means that with the visual testing at periodic health inspection the children's eyes are tested every other year. The school nursing sisters referred 607 children to the medical officers at the clinics and of these 442 were found to require examination by the ophthalmologist and 165 were kept under observation.

OPHTHALMIC TREATMENT

Mr. Malcolm Ferguson, the ophthalmologist, contributes the following :—

“ At the Sheffield School for Blind Children the number of children affected by retrolental fibroplasia is now 14. Numerically, this is the largest eye condition there. There are only two cases of blindness which may be described as due to infection, the other 58 cases being due to congenital, hereditary and developmental eye conditions.

All cases at the School for the Partially Sighted are due to congenital, hereditary and developmental causes. It is interesting to note that no child is in the school for myopia only ; all myopes manage at an ordinary school. There is at present no waiting list for admission to the School for the Partially Sighted. This may be due partly to the lower visual standards accepted at ordinary schools since 1955.*

Outside activities are encouraged at both schools, and an association has been formed of 27 past and present pupils of the School for the Partially Sighted for the purpose of rambling, theatre going and other activities.

It is still unfortunately true that many parents neglect children's squints until the children are of school age, but the co-operation is usually good once the children are under treatment at the clinic. Most parents appreciate that no eye should be allowed to remain amblyopic if it can be improved.

As in former years, infectious eye conditions are not commonly seen at the clinic, and an infectious condition causing permanent interference with vision is a comparative rarity now.

In order that more new cases may be seen at the school Clinic, the School Nursing Sisters follow up certain selected cases in school, and thus, for example, myopes whose condition is unexpectedly progressive can have their appointments expedited."

[*Mr. Ferguson mentions Circular 4/55 of the Ministry of Health which gives criteria to be used as a general guide to ophthalmologists when recommending the appropriate type of school for the particular child. Here are the relevant paragraphs :—

- “ 2 (ii) (a) severe visual disabilities—to be educated in Special Schools by methods involving vision—3/60 to 6/24 with glasses ;
- (b) visual impairment—to be educated at ordinary schools by special consideration—better than 6/24 with glasses.

13. The Minister of Education is also prepared to accept these criteria as guidance to ophthalmologists when making recommendations about the special educational treatment of children. It must, however, be emphasised that a local education authority, in deciding the form of special educational treatment for a particular child, have also to take into account other considerations, such as the degree of intelligence of the child in question and the extent to which arrangements can be made for his special educational treatment in an ordinary school in the district in which he lives."

It is thus clear that the child must be considered as a whole, and that the final decision should be based on whether or not he is in fact managing to progress educationally at the ordinary school.]

There were 2,837 pairs of spectacles prescribed. In addition, 278 repeat prescriptions were issued.

						Cases	Attendances
Errors of refraction :—							
Hypermetropia	..	..	..	..	..	145	193
Myopia..	..	..	..	..	..	767	1,009
Astigmatism	..	..	..	..	..	2,282	3,244
Anisometropia	..	..	..	..	..	173	225
Congenital defects	..	..	..	..	..	196	279
Inflammatory conditions	..	..	..	..	..	80	140
Injuries	..	..	..	..	..	37	63
Squint :—							
Strabismus, convergent	..	..	..	..	..	396	658
„ alternating convergent	..	..	..	..	..	132	203
„ alternating divergent	..	..	..	..	..	9	12
„ divergent	..	..	..	..	..	23	42
Phoria	..	..	..	..	..	64	91
Other	..	..	..	..	..	104	120
						4,408	6,279

ORTHOPTIC TREATMENT

The number of new cases seen during the year was 284, but with those outstanding from the previous year the total number of children seen was 385. The number of attendances was 1,424.

The orthoptists carry out a large number of visual and other tests on children due to attend the ophthalmic clinic. Squints and latent squints are examined in detail and classified, then treatment is carried out on suitable cases. Out of 183 children who had been discharged by the end of the year after treatment 29 were considered cured, 28 very much improved, 38 improved, and 26 cosmetically improved.

EAR, NOSE AND THROAT DEFECTS

The figures in brackets refer to the numbers for 1955.

Mr. Peasegood attended at the Central Clinic on one session a week to see children referred to him by the school medical officers.

The total number of children seen during the year was 554 (702) and of those 519 (503) were new cases. The children made 994 (1,061) attendances. The total number of operations performed was 176 (315), 158 (252) being for tonsils and adenoids only.

In addition the three hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary	..	..	..	..	..	..	55
Royal Hospital	..	..	..	..	..	..	554
Children's Hospital	..	..	..	..	..	..	168
Tonsillectomy Unit	..	..	..	..	..	..	649

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	..	..	..	..	..	..	134
Otitis media	..	..	..	..	..	..	108
Tonsils and adenoids	..	..	..	..	..	..	71
Tonsils ..	..	..	..	..	..	..	16
Adenoids	..	..	..	..	..	..	65
Rhinitis ..	..	..	..	..	..	..	8
Polypus ..	..	..	..	..	..	..	12
Other conditions	..	..	..	..	..	..	92
Consultation—no treatment advised at present	..	..	..	..	..	..	48
							554

NUMBER OF CHILDREN WHO HAVE HAD OPERATIONS FOR THE REMOVAL OF TONSILS

Attention has been drawn in the past to the wide variation in the " tonsillectomy rate " per 1,000 school children, even in adjacent areas of broadly similar types. Available figures were known to be incomplete and misleading, so the Principal Medical Officer at the Ministry of Education requested all school medical officers to arrange for doctors to note at periodic health inspection children who had previously undergone tonsillectomy. The results in Sheffield are given below :—

	Number Examined			Number who have had tonsillectomy		Percentage	
	Girls	Boys	Total	Girls	Boys	Girls	Boys
Entrants	3,021	3,184	6,205	100	147	3·3	4·6
Intermediate	3,347	3,170	6,517	594	446	17·7	14·1
Leavers	2,451	2,464	4,915	374	398	15·3	16·2
Additional examinations ..	269	316	585	15	21	5·6	6·6
TOTAL	9,088	9,134	18,222	1,083	1,012	11·9	11·1

INCIDENCE OF OTITIS MEDIA

Rather fewer than one per cent. of school children were considered by school doctors to require treatment for ear discharge or to be kept under observation after the discharge had ceased, but from an analysis of 7,000 records, 3 per cent. of National Service men had been rejected on account of chronic otitis media.*

The Ministry requested principal school medical officers in a few areas to arrange for a thorough examination of the ears of all school leavers, using an auriscope, and as well as recording any abnormality to note the history of previous ear discharge. In addition all affected children were to have a pure tone hearing test. Sheffield was one of the chosen areas, and the results are shown below in table form.

It will be noted that 1.5 per cent. were found to have, or to have had, some ear disease, and 1.4 per cent. definite, present or past, otitis media. .9 per cent. showed deafness of 9–30+ decibels loss.

OTITIS MEDIA IN SCHOOL LEAVERS

	Boys	Girls	TOTAL
Total number with active or quiescent ear trouble or deafness	42	32	74 (1.5%)
(a) History of otitis media.. .. .	28	16	44
(b) Active or quiescent otitis media (discharge and/or perforation)	10	13	23
(c) Deafness without history of otitis media ..	4	3	7
Analysis of cases in (a) :—			
Hearing loss 3—6 decibels	3	4	7
9—18 decibels	9	1	10
21—30+ decibels	5	2	7
No loss	9	9	18
(2 did not attend)	—	—	2
Analysis of cases in (b) :—			
Hearing loss 3—6 decibels	1	2	3
9—18 decibels	3	4	7
21—30+ decibels	4	7	11
No loss	1	—	1
(1 did not attend)	—	—	1
Analysis of cases in (c) :—			
Hearing loss 3—6 decibels	—	—	—
9—18 decibels	2	1	3
21—30+ decibels	2	2	4
Registrar General's			
Social Class I	1	3	4
II.. .. .	2	2	4
III.. .. .	13	8	21
IV	21	15	36
V	4	4	8
Unknown	1	—	1

* Health of the School Child 1954–55.

AUDIOLOGY

The systematic testing of hearing of apparently normal children commenced in this City in 1937 and was expanded till one complete age group was tested during a year. Broadly speaking the purpose is to locate minor degrees of deafness which, although not obvious to either parent or teacher, interfere with the child's ability to learn or with his self confidence. The symptoms manifested may be apparent dullness, lack of concentration, nervousness, anxiety, or difficult behaviour. A few odd consonants only, have to be missed by a child for a sentence to lose its meaning, and confusion and lack of interest in the subject quickly follows.

The instrument used for testing was an electric gramophone audiometer producing word material with which a group of 20 children could be dealt with at a time ; those chosen were 9+ years as even the C stream were able to respond efficiently. The Medical Research Council investigated the claims of another electric instrument called a pure-tone sweep audiometer for testing the hearing of younger children, and the Council's Committee on the Educational Treatment of Deafness recommended that this method should be generally adopted. In 1955 it was used in Sheffield in a pilot scheme with 1,000 children out of the same age group, in order to compare its value and practicability, taking into consideration such factors as staff time, and existing local school conditions. Its superiority was demonstrated, so in 1956 it was adopted as the sole method ; and in September the age group tested was changed to that of the school entrants, as had been advised. Unfortunately it was not possible to continue testing the 9 year group as well, as neither staff time, nor existing accommodation, permitted this.

It might be of interest to know how the test is carried out. A nurse visits a school and is given a group of children from the reception class in any available small room. She tests one child at a time, with each ear separately, while the others look on, learning what is required of them and losing any fears or shyness. The child's ability to hear pure tones at a given intensity is found. The volume used is 15 decibels and the operator sweeps through the range of speech frequencies from 125 to 8,000, so that any children unable to hear this, are quickly screened out for further investigation.

As our operators are trained nurses they are able at once to examine with an electric auriscope the ears of those who fail ; if wax is found a note is given to seek medical advice and the hearing retested at a school clinic at a later date. The other failures who may have middle or inner ear defects, are at once carefully retested to find the threshold of hearing for each tone—that is the point at which the child just hears or just fails to hear. Where the degree of deafness merits it or treatment is required, the parents are advised to take the child to a general practitioner or school clinic. In some instances

more detailed audiometric testing may need to be carried out at the clinic, and a consultation arranged with an otologist. If a recommendation for special educational help is contemplated, a report from the head teacher and an interview with the mother, is essential.

The experience of school nurses in handling children has rendered the "fives" much easier to test than was expected—there are no tears, and the duller in the ordinary school prove testable. The most difficult subjects are the unstable, but this applies to all age groups. Children of five years frankly admit they cannot hear a sound at all, while those of nine in an endeavor to please the examiner or "to pass" may say they hear, when indeed the instrument is not turned on! An administrative difficulty in testing the younger children is the much higher absentee rate caused by the common infectious diseases. The results of the tests in the two age groups follow :—

PURE TONE SWEEP AUDIOMETER TEST

(a) The number of children aged 9+ tested in January to July inclusive was 3,726.

Number who failed in the test	170 (4.5%)	
Number with wax in the ears	63	
	<hr/>	107
Number with normal hearing on retest after removal of wax	56*	
Number with defective hearing on retest after removal of wax		13
		<hr/>
		120
		<hr/>

* 7 failed to attend.

The hearing of the 120 children was tested individually by means of the pure tone audiometer.

Analysis of the results :—

15—20 decibels loss in one or both ears	25
More than 20 decibels loss in one ear	72
More than 20 decibels loss in both ears	23
	<hr/>
	120
	<hr/>

Special letters were sent to 120 parents indicating that the test showed the child to have defective hearing. The parents were advised to consult their own doctor or the medical officers at the branch clinics. 35 went to the general practitioner, 12 to the hospital, and 73 to the branch clinics. The conditions found in those examined at the clinics were :—

Conductive deafness :—

Otitis media—Acute	0
Chronic—active ..	5
quiescent ..	35
Post mastoid operation	1
Eustachian catarrh	27
Perception deafness	3
Mixed deafness	2

35 of the above children were referred to the Aural Surgeon and five put on the list for operation, four for tonsils and adenoids, and one for adenoids only. Three were referred for x-ray of the sinuses.

Four children were of Grade IIA deafness and were recommended to sit in a favourable position for hearing in the class, two in addition required hearing aids and attendance at the class for lip reading.

(b) The number of children aged 5+ tested in September to December inclusive was 2,781.

Number who failed in the test	123 (4·4%)	
Number with wax in the ears	61	
	<hr/>	62
Number with normal hearing on retest after removal of wax	43*	
Number with defective hearing on retest after removal of wax		1
		<hr/>
		63
Number retested after abatement of catarrh and found normal		17
		<hr/>
		46
		<hr/> <hr/>

* 17 failed to attend.

The hearing of the 45 children (one failed to attend) was tested individually by means of the pure tone audiometer.

Analysis of the results :—

15—20 decibels loss in one or both ears ..	7
More than 20 decibels loss in one ear ..	21
More than 20 decibels loss in both ears ..	17
	<hr/>
	45
	<hr/> <hr/>

Special letters were sent to 45 parents indicating that the test showed the child to have defective hearing. The parents were advised to consult their own doctor or the medical officers at the branch clinics. 3 went to the general practitioner, 4 to the hospital, and 38 to the branch clinics. The conditions found in those examined at the clinics were :—

Conductive deafness :—

Otitis media—Acute	2
Chronic—active ..	2
quiescent ..	0
Eustachian catarrh	31
Result not yet to hand	3

11 of the above children were referred to the Aural Surgeon and seven put on the list for operation, six for tonsils and adenoids, and one for adenoids only.

PURE TONE AUDIOMETRIC TESTING

The total number of hearing tests carried out on the pure tone audiometer was 893. Of these 182 came forward through the sweep test and their analysis appears under that section, and 300 were re-tests of children being followed up from previous years.

The remaining 411 children were referred as follows :—

School Medical Officers	..	..	..	395
Ophthalmic Surgeon	..	..	..	1
Aural Surgeon	..	..	..	4
Speech Therapist	..	..	..	3
Other Authorities	..	..	..	6
Hospital..	..	..	..	2

ANALYSIS OF RESULTS :—

Slight loss —15—20 decibels in one or both ears	..	..	25	} 145
More than 20 decibels loss in one ear	..	..	72	
More than 20 decibels loss in both ears	..	..	48	
Very slight impairment of hearing—for observation	..	..	22	
Discharged as no appreciable loss	..	..	244	

A few of the above 145 children had been tested for a general practitioner or another authority, but the diagnosis of the remaining 136 who attended branch clinics follows :—

Conductive Deafness :—

Eustachian catarrh	..	..	..	..	..	96
Otitis media—Acute	..	..	..	..	..	5
Chronic Active	..	..	..	..	..	10
Quiescent	..	..	..	..	..	11
Perception Deafness	..	..	..	..	..	6
Mixed Deafness	..	..	..	..	..	8
						<hr/> 136 <hr/>

33 of the above children were referred by the Aural Surgeon for operative treatment, 23 for tonsils and adenoids operation, 8 for adenoids operation and 2 for a mastoid operation.

SPECIAL EDUCATIONAL TREATMENT

10 children were of Grade II deafness and were recommended for special educational treatment. They were all advised to sit in a favourable position for hearing in the class. 9 in addition, required to attend the class for lip reading, and 3 of these to wear hearing aids.

As mentioned 300 re-tests were done on children being followed up from previous years, and 14 of these were now recommended for attendance at the class for lip reading and the wearing of hearing aids.

LIP READING CLASSES

A number of children found, after the foregoing audiometric tests and full diagnostic investigation, to be partially deaf, but not of a degree to necessitate removal from the ordinary school, have periods of instruction from

a teacher of the deaf. Lip reading or visual training, auditory training and instruction in the best use of the hearing aid, are given.

The classes have been increased from two to four, so that a better grouping of the ages is now possible ; the number at present on the register is 35. Lack of accommodation centrally necessitated the holding of the classes at the Maud Maxfield School for the Deaf, and for convenience of transport the children were detained at the school for a full day, each group attending once a fortnight ; part of this time they were participating in the general school activities with the other children. The long period between the lessons proved a disadvantage, and meant that some children had to attend over a considerable time to master the special skill being taught. In addition a few nervous children were upset by meeting so many deaf children, who to them were strange, without having sufficient contact to learn to understand them ; this led to irregular attendance, and many home visits by the school nurses were made.

A change in form has now been made in that the children all attend weekly for the class period only, and the Headmistress has made them into a self-contained unit, so that they do not meet the rest of the school at all. They then return home or to their own school in time for dinner. The staff are impressed with the salutary effect this has had on the children, who are freer and greet each other enthusiastically, and moreover are all attending well. The parents' co-operation in conducting the children to the bus and meeting them again within the morning is praiseworthy, and shows appreciation of the help the children are receiving.

It is really necessary to see the audiograms to receive a true picture of the extent of the handicap, but 17 have an average loss of hearing of 30–39 decibels and 5 of 40 or more decibels in their better ear. Details of the hearing follows :—

Children	Average loss in decibels in better ear	Average loss in decibels in worse ear
A	18	31
B	17	35
C	18	55
D	28	33
E	24	48
F	25	40
*G	27	32
H	28	33
I	28	32
J	22	46
K	28	35
L	28	41
M	22	35
N	30	37
O	39	39
P	37	44
Q	39	53
R	35	35
S	31	48
T	31	33
U	38	39
V	38	43
W	38	58
X	32	38
Y	39	39
Z	35	36
AA	38	40
BB	33	44
CC	38	40
DD	36	60
EE	40	41
FF	40	44
GG	41	80
HH	41	45
II	52	60

*This is an unusual case as it is complicated by emotional disturbance, which makes diagnosis difficult. Here is a brief history :—

She was under a pædiatrician from the age of three years for retardation and a speech defect. In May 1952, when $4\frac{1}{2}$ years old, a school medical officer did an intelligence test—Terman Merrill intelligence quotient 73. This was not thought reliable because the speech was largely incomprehensible and scattering of the successes in the test indicated instability. A performance test was therefore done by a psychologist, but was not conclusive.

She commenced school at five but did not progress so was sent for speech therapy. On 15.2.54 her hearing was tested but owing to her nervousness

the result was not entirely reliable. The average loss in the right ear was 52 decibels and in the left ear 30 decibels.

A Wechsler performance test had recently been acquired, and on 4.10.54 the psychologist on this got a performance quotient of 92, which is within the normal range of intelligence.

On 3.5.55 she saw an otologist who diagnosed bilateral conductive deafness and ordered a hearing aid. She then commenced at the class for lip reading.

A recent re-test of hearing shows less loss, right 27 decibels and left 32 decibels. The child is progressing much better since attending the special class, so is to continue there and be kept under observation. The hearing will be re-tested later, when it is hoped a true picture will be obtained.

SPEECH THERAPY

Miss Cooper submits the following report :—

“ANALYSIS OF WORK CARRIED OUT DURING 1956

Cases already open on the 1st January, 1956	..	..	..	174
Cases opened during 1956	..	..	..	73
				247
Cases closed during 1956	..	..	..	85
Cases open on the 31st December, 1956	..	..	..	162

ANALYSIS OF CASES OPEN ON THE 31ST DECEMBER, 1956

Number under	Stammer	Speech Defect	Stammer plus Speech Defect	Dysarthria	Cleft Palate	Total
Treatment ..	22	38	1	5	1	67
Supervision ..	43	41	4	2	1	91
Investigation ..	2	2	—	—	—	4

Cases on Waiting List on the 1st January, 1956	..	..	..	10
Cases referred during 1956	..	..	..	115
				125
Cases opened during 1956	..	..	..	73
Cases on Waiting List on 31st December, 1956	..	..	..	52

REASONS FOR CLOSURE DURING 1956

I. TREATMENT CASES. NO CAUSATIVE ORGANIC DEFECT DIAGNOSED.

	Regular treatment			Supervision		
	A	B	C	A	B	C
1. Good result	8	—	25	3	1	—
2. Improved as far as nature of defect will allow	2	2	6	—	—	—
3. Left school or district prior to completion of treatment	3	—	2	—	—	—
4. Closed for non-attendance	3	1	12	1	—	—
5. Closed at parents' request	1	—	3	—	—	—
6. Unco-operative	3	—	1	—	1	—

A=Stammer.
B=Stammer + speech defect.
C=Defective speech

II. OBSERVATION CASES.

Treatment not indicated after a period of observation	6
---	----	----	----	---

III. DIAGNOSTIC INTERVIEW NOT KEPT.	1
-------------------------------------	----	----	----	---

INTERVIEWS

Treatment interviews with children	2,841
------------------------------------	----	----	----	----	----	-------

Diagnostic interviews with children	72
-------------------------------------	----	----	----	----	----	----

Interviews with parents	956
-------------------------	----	----	----	----	----	-----

Interviews with other members of the School Health Service	203
--	----	----	-----

Recall interviews after discharge	47
-----------------------------------	----	----	----	----	----	----

VISITS MADE BY THERAPISTS TO SCHOOLS, HOSPITALS, ETC.	..	101
---	----	-----

NUMBER OF CHILDREN REFERRED TO OTHER SPECIALISTS

To Educational Psychologist for mental assessment	26
---	----	----	----	----

To Child Guidance Centre for opinion and treatment	4
--	----	----	----	---

For audiometer tests	2
----------------------	----	----	----	----	----	---

For orthodontic treatment	1
---------------------------	----	----	----	----	----	---

Mrs. Aldridge, the Head Speech Therapist, left the clinic at the end of May and thus the clinic was once more under-staffed. The waiting list mounted ominously but we hope that when Miss Chapman takes up her appointment in January 1957 we shall be able to reduce the waiting time to a minimum.

We were not able to start any session at schools for educationally sub-normal children, as we had hoped ; the children who were tested in 1955 were re-tested this year and found to have made no improvement. We still hope, therefore, that it will be possible to start sessions in these schools in the coming year.

The majority of the children who are now being referred to the clinic are in the five year age group. We are pleased about this because we are in a position to advise the parents on their management at once, and the children are enabled to receive therapy before entering the Junior School. Speech defects appear to promote problems more often in the child of junior school age, than in the younger child.

A recording machine has been one of the greatest assets to the clinic. We are now able to record and compare the degree of progress in the stages of treatment in each child. A recording is usually made at the initial interview ; this in many cases pleases the child and "shocks" the parent. In a great number of cases it has been found that parents have accepted poor speech from their child and not realised the degree of defect until they have heard the recording. A common remark is, "I never knew he sounded like that."

If progress is slow, comparison of recordings can be very useful because any improvement is noted which might be missed in the normal course of treatment. In some cases the children find that by hearing their own defects, and by comparing their good and defective sounds they appreciate the difference much more clearly than if they hear the therapist reproduce their defective sounds for them.

We now not only have a recording machine, but also a small sound-proof room which was finished in the latter half of the year. This is greatly appreciated as it is now possible to make an accurate recording without hearing the brakes of a passing bus screeching from the machine."

DENTAL TREATMENT

The Principal School Dental Officer submits the following report :—

STAFF

During 1956 an additional full-time dental officer was appointed. At the end of the year the staff consisted of nine full-time dental officers, three part-time being the equivalent of 9/11ths full-time dental officers, a part-time orthodontist employed for six sessions a week and a medically qualified anaesthetist for two sessions a week.

New Appointments.

Full-time : Mrs. L. E. Townsend appointed 1st October 1956.

Part-time : Mr. F. E. Welton appointed 12th September 1956—three sessions per week.

Resignations.

Part-time : Mr. C. P. Bain resigned 27th July 1956.

Part-time : Mr. H. P. Redfearn resigned 26th July 1956.

CLINICS

Arrangements for the rebuilding of the Attercliffe Clinic which will have two dental surgeries were almost completed by the end of the year. At the Central Clinic only two surgeries are provided and this Clinic is responsible for the treatment of over 13,000 children and the mothers referred from the Maternity and Child Welfare Centres. It is hoped at some time to centralise the orthodontic and laboratory services as this would have many advantages. More accommodation will be required here if an adequate standard of treatment is to be provided.

It is apparent that the number of existing dental surgeries is not sufficient and this will become an acute problem should the services of additional staff become available. Because of this the provision of new clinics in the Jordanthorpe, Hunter's Bar areas and the replacement of the Hillsborough and the badly situated Western Road Clinic have been discussed.

INSPECTIONS : ROUTINE AND CASUAL PATIENTS

The purpose of examining children in schools is primarily to select those having dental defects, to notify parents concerning the necessity for treatment and offer facilities for having this carried out. This stimulates the parents' interest in the condition of the child's teeth and without it many of the children seen would not otherwise receive dental care. The opportunity should be taken by dental officers of talking to children both individually and in groups. It is often found that parents leave the choice of having or not having treatment entirely to the child, and the impact of a dental officer's personality on the child at the time of inspection is a most important factor in determining whether or not treatment will be carried out. When a visit to a school is made, the exhibition by the dental officer of a genuine concern for the child's welfare will arouse the interest of the teaching staff

who are often able to persuade a child to have treatment when the child or its parents are indifferent.

The figures given in brackets refer to the year 1955.

Dental officers visited 125 (116) school departments on 268 (266) sessions and examined 37,845 (35,077) children. A further 5,618 (6,253) children referred by head teachers and school medical staff were examined in school clinics. The large increase in the number of children examined on routine visits to schools, being double that of the year 1954, has resulted from an increase in staff and because the acceptance of treatment offered is becoming less each year. With reference to the latter, it is learnt from the Report of the Ministry of Health for 1955 that "two out of every seven courses of treatment given by the General Dental Services were for children under the age of 15, compared with one in thirteen in 1949." In 1949 these courses of treatment for children given by private practitioners numbered 490,000 and in 1955 were 2,240,000. The demand for treatment from the local authorities dental services has become correspondingly less. This is apparent from the percentage of pupils requiring treatment who received it throughout the local authorities services of England and Wales, a figure which dropped from 80.7% in 1949 to 61.49% in 1955.

Individual rates of acceptance of treatment varied from school to school, from the extremes of 12% in one to 90% in another. Of all the parents invited to accept treatment 48% (42%) refused the offer, 33% (39%) accepted complete treatment and 19% (19%) accepted the extraction of teeth only.

Since 1950 there has been an annual drop of nearly 4% in the numbers of those accepting treatment and this has been observed to be twice as great in the better residential areas as in the older industrial areas. It is unfortunate that in the years 1949–52 when the majority of parents were actually asking for their children to be treated, so little could be done towards its provision. The wise parent knows of the importance of conservative treatment given at regular short intervals and those private practitioners able and willing to do this now receive children in large numbers. Without approximately twice the number of dental officers employed at present, this continuous type of service cannot be offered in the school clinics except to a few selected children. With the socially more responsible parent, the child is having his needs met. It is inevitable, however, that as only half the school population is being examined annually, the parents of those children not examined are often unaware that treatment is necessary and neither seek it from private practitioner nor school dentist.

TREATMENT OF ROUTINE AND CASUAL PATIENTS

It was the practice until 1953 for a dental officer to visit in turn each school of the group for which he or she was responsible. The result of this was that in some areas of the City, schools were being visited only at

three to four year intervals. This procedure was considered unsatisfactory in that continuity of conservative treatment was not ensured. During the last two years the inspection programme has been reorganised so that schools visited in 1955 were re-visited with few exceptions in 1956. It is hoped that re-inspection will take place annually at these schools and in so far as recruitment of staff and provision of clinics permit, other schools including as many of the infants' schools as possible will be added to the programme at a later date. In addition dental officers are asked to bear in mind the rapidity with which some children develop new carious lesions and select such children, whose parents wish it, for recall to the clinics between school visits for re-examination. In effect, a determined attempt at preventing the loss of permanent teeth can be made for a selected small group of dentally conscious children, by offering treatment when necessary at approximately six monthly intervals and parents really do appreciate this.

Because of recent additions to the dental staff it is possible now in four areas to visit almost every school and offer treatment annually. Though many of the children in other areas are not examined in school, the opportunity is available for any child who desires it to attend the clinics for advice and treatment as casual patients.

Last year attention was drawn to the large number of children who break appointments, and efforts have been made to reduce this factor which results in the wastage of so much time. The percentage of appointments broken to those made was 27% this year compared with 29% in 1955 and 33% in 1954 and 1953. During the year 10,850 (9,902) routine patients found to require treatment, and 5,618 (6,253) children attending at the clinics as casual patients, were treated. Examination of the summary of treatment given in Table V (page 83) reveals that a large number of permanent teeth were extracted. There were 581 non-carious permanent teeth extracted simply to relieve overcrowding or irregularities and as many as 6,509 had to be removed to relieve pain or because of gross caries or sepsis. The Ministry of Health report for the year 1955 stated that "The rates of teeth conserved to teeth extracted are lowest in the industrial areas," and it can be said of Sheffield parents that comparatively few compared with those of some other areas value the preservation of teeth. Of those offered treatment only 33% preferred their children to have teeth filled, yet many of those refusing such treatment bring their children to the clinics at a later date to have permanent teeth extracted to relieve pain. One might at this point attempt to persuade a child and its parent to accept fillings, but at the stage when pain is experienced in a tooth the time at which it could be successfully filled has passed and the dental officer has no option other than to extract it.

Children leaving school should be normally in possession of 28 permanent teeth. Four of these teeth, the first permanent molars, erupting when the

child is six years of age, are often so badly calcified and susceptible to decay that many dentists, with long experience of the treatment of children, extract these teeth without question in caries-susceptible children at nine to ten years of age. Evidence to support this practice is well established and is fully justified in those cases when regular conservative treatment is rejected. It relieves the difficulties associated with jaws insufficiently large to accommodate all the permanent teeth and allows the eruption, later on, of the wisdom teeth without impaction. It is these first permanent molar teeth which make up the bulk of the permanent teeth extracted in the clinics and under present circumstances this cannot be avoided nor can the indiscriminate preservation of these teeth be considered as desirable.

TREATMENT OF HANDICAPPED CHILDREN IN SPECIAL SCHOOLS

The examination and treatment of children at six special schools was carried out during the year, and also the treatment of children in three schools who were examined towards the end of 1955.

In three of the schools visited the offer of treatment was refused by over 50% of the parents concerned. In one school 86% of the parents accepted treatment, and of the children in this school only two showed evidence of the lack of dental care. It is found that the response to the offer of dental treatment as well as to other responsibilities of school life depends very much on the home life and parental background, which varies greatly in children from school to school. In the Sheffield School for the Blind, the children are all residential and receive treatment without exception. It is remarkable how little time is required at this school in order to give all the treatment required each year. This is a position, however, which one would expect in any school where children enjoy a controlled diet and receive treatment at least annually.

Of the children attending special schools, the largest proportion are those belonging to the educationally sub-normal group and often they are not suitable subjects for conservative dentistry, in addition to which their parents generally object to this type of treatment. It is felt that in the case of schools for debilitated children it might be profitable to arrange for six-monthly inspections and treatment because the resistance to caries possessed by many of these children is so low.

SUMMARY OF TREATMENT PROVIDED.

HANDICAPPED CHILDREN IN SPECIAL SCHOOLS.

1. Number of pupils inspected by the Authority's Dental Officers :—

(a)	At Periodic Inspections	..	..	..	..	..	..	380
(b)	As Specials	..	..	..	..	..	..	77
					TOTAL (1)	..	..	457

2.	Number found to require treatment	..	..	..	..	..	..	358
3.	Number offered treatment	..	..	..	..	..	..	321
4.	Number actually treated	..	..	..	..	..	..	182
5.	Number of attendance made by pupils for treatment including 11 (<i>h</i>) below							406
6.	Fillings :—							
	Permanent teeth	..	..	..	..	..	..	102
	Temporary teeth	..	..	..	..	..	..	1
								<hr/>
	TOTAL (6)	..	..					103
								<hr/>
7.	Number of teeth filled :—							
	Permanent teeth	..	..	..	..	..	..	95
	Temporary teeth	..	..	..	..	..	..	1
								<hr/>
	TOTAL (7)	..	..					96
								<hr/>
8.	Extractions :—							
	Permanent teeth	..	..	..	..	..	..	152
	Temporary teeth	..	..	..	..	..	..	229
								<hr/>
	TOTAL (8)	..	..					381
								<hr/>
9.	Administrations of general anæsthetics..	..	..	..	..	..	..	122
10.	Other Operations :—							
	Permanent teeth	..	..	..	..	..	..	167
	Temporary teeth	..	..	..	..	..	..	1
								<hr/>
	TOTAL (10)	..	..					168
								<hr/>
11.	Orthodontic Treatment :—							
	(a) Number of appointments made	..	..	..	..	..	..	59
	(b) Pupils commenced treatment during the year	..	..	..	..	..	..	5
	(c) Pupils carried forward from previous year	..	..	..	..	..	..	3
	(d) Pupils completed treatment during the year	..	..	..	..	..	..	4
	(e) Cases discontinued during the year	..	..	..	..	..	..	1
	(f) Pupils treated with appliances	..	..	..	..	..	..	5
	(g) Removable appliances fitted	..	..	..	..	..	..	10
	(h) Fixed appliances fitted	..	..	..	..	..	..	5
	(i) Total attendances	..	..	..	..	..	..	54
12.	Number of pupils supplied with artificial dentures	..	..	..	..	..	..	2

INCIDENCE OF CARIES

Of the children examined in schools in 1949, 65% were found to require treatment. This had risen to 74% in 1956. In both years the staff employed and the number of children inspected were substantially the same. The subject of caries is frequently discussed by the staff who all remark not only on the very large number of decayed deciduous teeth found in school entrants but on the rapid destruction of the first molar teeth observed in many children at eight years of age. In the older group of children there appears a tendency for extensive cavities to develop in the incisor teeth. While one may know personally many who have an abnormal appetite, almost a craving for refined

and highly sweetened foods, this attitude does not develop towards the eating of plain food, vegetables or fruit. Possibly the eating of sweets may be habit forming almost in the same manner as the excessive consumption of alcohol and tobacco. It appears that few children are taught at home to exercise discretion and self control with regard to the eating of sweets and this might then be considered as a necessary part of the child's training in school. Our present knowledge suggests that the breakdown of carbohydrates and sugars particularly when taken between meals, by bacteria present in the mouth, results in the production of acid which decalcifies the teeth. The Ministry of Education in the Pamphlet No. 31 on Health Education states that " Teachers can help by doing what they can to discourage mid-morning snacks of sugary, sticky foods and sweets or chocolates."

ORTHODONTIC TREATMENT

The continued demand for orthodontic treatment was such that it became necessary to increase the number of sessions per week on which the orthodontist was employed from five to six. Care is required by members of the staff in selecting patients for treatment. Children of low intelligence respond badly to treatment as they cannot co-operate, and those who are merely persuaded to have treatment by anxious parents are found to give endless trouble by wearing their appliances only when they feel like it. Children with a low resistance to caries should not receive regulation treatment as it seems pointless to straighten teeth which will probably be lost in early adult life. There were 25 children whose treatment was discontinued during the year, of which 9 left Sheffield, their records being transferred to the receiving authorities with a request for treatment to be recontinued. There were 282 children under treatment at the end of the year.

MATERNITY AND CHILD WELFARE TREATMENT

This is a priority service concerned with the removal of pain and sepsis, with the conservation of teeth and with the possibilities presented by the opportunity of instructing patients in dental health. Unfortunately very few of the mothers now attending the school clinics can be persuaded to accept fillings and indeed the majority are past the time when conservative or gum treatment would be of value to them. That well preserved teeth are important has been shown by recent experimental work on the digestion of meat, it having been found that when unchewed, digestion is slow and wasteful, and that the digestive juices are only partly effective. Many children with good sound teeth are seen in residential homes for children and their comparative physical toughness must be due in some measure to their ability to chew food and so prepare it for digestion.

In one clinic a special attempt was made to persuade parents of pre-school children to consent to teeth being filled and each parent was personally interviewed by the dental officer concerned. The result was that nine teeth

were filled, but 71 unsaveable teeth still had to be extracted for the 27 children treated. It was found that mothers generally objected to fillings. Some were working and unwilling to make more than the one visit necessary for extractions and the behaviour of some children was found to be unsuitable for the filling of teeth.

In 1956 a total of 174 sessions was occupied in the treatment of mothers and pre-school children, compared with 119 sessions in 1955. This represents approximately 4% of the total number of sessions during which the dental clinics were in use. The figures given below as a summary of the work carried out are but a reflection of the unfortunate dental condition which many of the mothers and children attending the clinics present for examination. The work of extracting 1,780 teeth for the mothers was not an enviable task yet the final results often were the production of brighter and fresher faces and an appearance of well being which was a reward in itself. The number of mothers treated was greater than in any year since 1949. It was observed that many mothers received their last course of dental treatment when children at school and that few of them had taken advantage of the treatment offered under the General Dental Services Act, except as an emergency measure.

SUMMARY OF TREATMENT—PRE-SCHOOL CHILDREN.
NUMBERS PROVIDED WITH DENTAL CARE.

Examined	Needing treatment	Treated	Made dentally fit
115	98	97	87

FORMS OF DENTAL TREATMENT PROVIDED.

Fillings	Extractions	General Anæsthetics	Radiographs
10	256	103	3

SUMMARY OF TREATMENT—EXPECTANT AND NURSING MOTHERS.
NUMBERS PROVIDED WITH DENTAL CARE.

Examined	Needing treatment	Treated	Made dentally fit
324	318	234	177

FORMS OF DENTAL TREATMENT PROVIDED.

Scalings and gum treatment	Fillings	Extractions	General Anæsthetics	Dentures provided		Radiographs
				Full upper or lower	Partial upper or lower	
83	120	1,780	266	104	20	31

DENTAL LABORATORY AND TECHNICIANS

I am very pleased to report that Mr. C. J. Atkin, the senior technician, was successful in passing the examination in Orthodontics, at the advanced level, which is held by the City and Guilds of London Institute. So far as is known only three dental technicians have at the present time been awarded this distinction.

The work done by the two full-time dental technicians is summarised below. The 22 items of other work include 12 gold inlays, one skeleton cast metal plate of semi-precious metal and a selection of special models in acrylic resin for demonstration purposes. The orthodontist made 60 and a dental officer 13 fixed appliances in addition to those produced by the technicians.

The output of the laboratory has reached a stage at which little more can be done in the way of increasing the total amount of work done without increasing the number of technicians employed, and the limited room available in the present laboratory will prevent this. Should the number of mothers attending the Central Clinic become much greater than at present, and this appears to be possible, it may be necessary to contract out the making of some dentures to a professional dental laboratory.

SUMMARY OF WORK DONE BY DENTAL TECHNICIANS.

Dentures			Removable appliances	Repairs to removable appliances	Fixed appliances	Repairs to fixed appliances	Study Models	Other Work
Full	Partial	Repairs						
104 (63)	138 (141)	12	514 (504)	51 (64)	109 (114)	9 (8)	345 (394)	22 (9)

OTHER WORK AND TREATMENT

Several talks were given as part of a programme of dental health education to groups of future nurses and teachers who visit the Central Clinic during their training period.

The four occupational centres of the Public Health Department were visited and 27 children were treated in the Central Clinic, the treatment of nine others being carried out by the dental staff of the Children's Hospital.

On the arrival of 62 Hungarian refugees in Sheffield, they were examined for the presence of acute ulcerative gingivitis, a disease which sometimes spreads rapidly among a group of people living together under conditions of emergency, but none was found.

In the summary of treatment for the year a large number of items are grouped together under the heading " Other Operations " and these are given below with details of the treatment supplied.

Scalings and gum treatment	..	..	..	..	..	..	1,872
Dressings	..	..	..	..	..	..	1,935
X-rays	..	..	..	..	..	..	371
Miscellaneous	..	..	..	..	..	..	1,670

For the filling and extraction of teeth 2,323 local anæsthetics were given.

It may be mentioned here that head teachers need not hesitate to ask for a member of the dental staff to speak on dental health and treatment at such meetings, for example, as those of parents or school societies.

SUMMARY

That only 50% of the children in Sheffield were examined in school suggests further expansion of the service is required. The annual decrease of those accepting treatment, and the increase in the percentage of children found to require treatment, suggests that some emphasis should be given to teaching children in the schools how to care for teeth and of their value in relation to health and appearance. If much thought is given to the subject of school dentistry it becomes apparent that its value, always assessed in the past on the practical treatment carried out, should be assessed too on the number of children leaving school with sound teeth and a firm belief in the value of dental treatment.

That the school dental service is considered valuable by many may be assumed by the willing help given by head teachers and other members of the education departments and this help is very much appreciated. Thanks are due also to the staff of the Charles Clifford Dental Hospital for the treatment of several children with severe physical disability.

ORTHOPAEDIC AND POSTURAL DEFECTS

The orthopaedic clinics followed the usual pattern, the greatest number of children having minor defects. 546 children were seen and only 30 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions									Number of cases attended
Cerebral palsy	..	..	..	..	..	..	..	..	6
Poliomyelitis (paralytic)	..	..	..	..	..	..	..	..	3
Schlatter's Disease	..	..	..	..	..	..	..	..	3
Bursitis	..	..	..	..	..	..	..	..	1
Arthritis knee	..	..	..	..	..	..	..	..	1
Metatarsalgia	..	..	..	..	..	..	..	..	2
Epiphysitis os calcis	..	..	..	..	..	..	..	..	1
Pes cavus	..	..	..	..	..	..	..	..	17
Pes planus	..	..	..	..	..	..	..	..	146
Pes valgus	..	..	..	..	..	..	..	..	47
Genu valgum	..	..	..	..	..	..	..	..	80
Genu varum	..	..	..	..	..	..	..	..	2
Congenital deformities :—									
Talipes	..	..	..	..	..	..	..	..	2
Dislocation hip	..	..	..	..	..	..	..	..	1
Claw toe	..	..	..	..	..	..	..	..	8
Torticollis	..	..	..	..	..	..	..	..	2
Short leg	..	..	..	..	..	..	..	..	1
Claw foot	..	..	..	..	..	..	..	..	5
Adduction of toes	..	..	..	..	..	..	..	..	7
Scoliosis	..	..	..	..	..	..	..	..	8
Kyphoses	..	..	..	..	..	..	..	..	3
Poor Posture	..	..	..	..	..	..	..	..	5
Hallux rigidus	..	..	..	..	..	..	..	..	9
Hammer toe	..	..	..	..	..	..	..	..	8
Hallux valgus	..	..	..	..	..	..	..	..	28
Overlapping toes	..	..	..	..	..	..	..	..	7
Deformed toes	..	..	..	..	..	..	..	..	6
Foot strain	..	..	..	..	..	..	..	..	2
Exostosis tibia	..	..	..	..	..	..	..	..	1
Others	..	..	..	..	..	..	..	..	61
Nil abnormal found	..	..	..	..	..	..	..	..	73
CASES									546
ATTENDANCES									737

Number of new cases	..	..	..	..	..	..	..	207
Number of old cases	..	..	..	..	..	..	..	339
Number of cases discharged	..	..	..	..	..	..	..	265
Number of cases transferred to hospital	..	..	..	..	..	..	..	30
Number of operations advised	..	..	..	..	..	..	..	1
Number of operations performed	..	..	..	..	..	..	..	1
Number of new appliances ordered	..	..	..	..	..	..	..	293
Number of repairs to appliances	..	..	..	..	..	..	..	52
Number of cases receiving treatment	..	..	..	..	..	..	..	253
Number of cases under observation	..	..	..	..	..	..	..	293

KING EDWARD VII ORTHOPÆDIC HOSPITAL AND ORTHOPÆDIC CLINICS

Dr. Herzog has supplied the information on which the following is based :—

HOSPITAL :—	1955	1956
<i>In-patients.</i>		
Number of school children treated for non-tubercular conditions	50	82
Number of school children treated for tuberculosis of bones and joints	16	11
<i>Out-patients.</i>		
Number of attendances made	94	132
CLINICS :—		
New cases of school children who attended this year	2	6
Number of attendances made	2,307	1,435
Total number of attendances at the weekly session for poliomyelitis held at the Corporation Baths	507	298

CHIROPODY CLINIC

The work of the Chiropody Clinic has been fully reported in previous years. 740 new and 53 old cases were treated during the year, involving 1,814 attendances. At the end of the year 20 children were still under treatment.

HEART DISEASES AND RHEUMATISM

A Pædiatrician from the Department of Child Health attends at the Clinic for Rheumatism and Heart Disease each fortnight, instead of each week, as the number of cases has declined.

Condition	New Cases	Old Cases	Attendances
1. Rheumatic pains or Arthritis—			
(a) With heart affection	—	3	5
(b) Without heart affection	—	—	—
2. Rheumatic Chorea—			
(a) With heart affection	2	2	6
(b) Without heart affection	1	2	4
3. Rheumatic Heart Disease without (1) or (2) above	6	20	31
4. Congenital Heart Disease	6	37	48
5. Functional Heart Disorder	10	9	19
6. No Rheumatism or Heart Disease or Disorder	10	1	12
7. Recent Rheumatism. No longer active. No Carditis	5	12	18
TOTALS	40	86	143

CHEST CLINIC

Dr. Midgley Turner's report on the work in relation to school children follows :—

“ The work of the Chest Clinic amongst tuberculous school-children and suspects continues to be carried out in close co-operation with the School Medical Department.

The names of all children who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. During 1956, 86 of these contacts were reported to the School Medical Officer.

Re-arrangement of sessions has been made in connection with the examination of contacts at the Chest Clinic. The Contact Clinic for both children and adults is on Friday morning. At this Clinic children are given a preliminary tuberculin test, using the multiple puncture apparatus. If the test is negative, B.C.G. vaccination is offered and if the test is positive the child is X-rayed. A large number of children are now also being referred for tuberculin testing as contacts of their elder brothers or sisters, who have been tuberculin positive when tested at school-leaving age. This is being done in order to try to track down the infectious cases of tuberculosis in the community which are responsible for the spread of the disease. This examination of the families of positive reactors to tuberculin is also now to be extended to the cases discovered when school entrants are tuberculin tested.

A supervisory clinic for children under observation or treatment for tuberculous infection is now held on Wednesday afternoon. During 1956, 364 contacts of school age were examined and 77 were retained under supervision at the Chest Clinic. During the year 3,133 attendances were made by school-children at the Chest Clinic exclusive of new cases. These were made up of 457 attendances of notified cases of tuberculosis and 2,676 attendances of children for observation.

NEW CASES. The number of new cases of school-children examined at the Chest Clinic was as follows :—Notified cases of tuberculosis of the lungs 7, contacts 364, and suspicious cases 273. Of the latter 4 were sent up by the School Medical Officer.

In connection with the examination of school-children 1,534 X-ray films were taken.

During the year, 12 notified and 34 suspicious cases were admitted into sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to sanatorium for either observation or treatment. In addition, 1,314 Mantoux tests were carried out at the Chest Clinic, mainly on contact children.

The number of Notifications of Tuberculosis in school-children received was :—

PULMONARY	Males	..	14	Non-PULMONARY	Males	..	6
	Females	..	17		Females	..	1

Tubercle bacilli were found in the sputum or pleural fluid of two school children.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1956, 305 school-children were given B.C.G. vaccination.

Forty-six places at Whiteley Wood Open Air School were reserved for children selected by the Chest Physicians. Should the whole of the 46 places not be required there is an arrangement whereby the vacant places are filled by the School Medical Officer. The children selected have signs of infection of the chest glands without marked invasion of the lung tissues and are, therefore, in a non-infectious condition.

In addition twenty six places were reserved at Springvale House Open Air School for Children selected at the Chest Clinic.

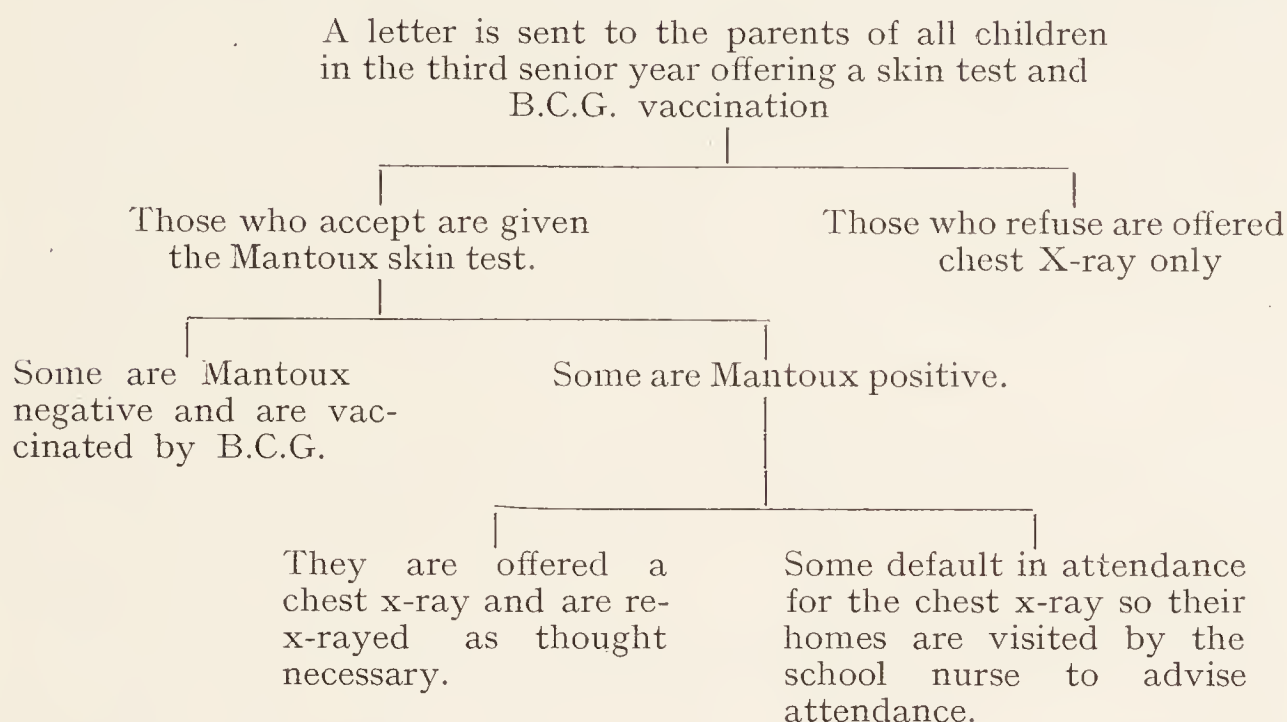
On the 31st December, 1956, there were 358 notified school-children and 1,938 suspect school children on the Clinic Register."

PREVENTION OF TUBERCULOSIS—MASS RADIOGRAPHY AND VACCINATION

Mass radiography of pupils in their last year at school, by its detection of the unknown case of tuberculosis, leads to treatment being instituted early. In addition, it is indirectly a powerful weapon in the prevention of spread of tuberculosis ; apart from the benefit of the isolation of a possible infectious case, the source from which the child became infected can be sought by instituting enquiries about the health of his family, relatives or friends. A full investigation can then be arranged where indicated.

The other valuable preventive measure is vaccination against tuberculosis by B.C.G. (*Bacillus Calmette Guérin*). This was commenced in Sheffield by a pilot survey in 1954-5 and is now firmly established in the age group recommended by the Ministry of Health, that is those aged 13 years, or in their third senior year. This vaccination is preceded by the Mantoux skin test, to distinguish those who need the vaccine or give a negative reaction to the skin test, and those who have some protection from a previous infection and give a positive reaction. A proportion of the latter might have recently received their infection from the community and indeed be early cases of primary tuberculosis, so it was thought expedient to offer them a chest X-ray and in some cases to re-X-ray at intervals. This has to led some overlapping with the group originally selected for the Mass Radiography Survey. Consequently after discussion with Dr. Watson and Dr. Wilson it was decided

to replan the project basing it on the 13 year group, as shown in the diagram below. As the older children in the grammar schools have not had the opportunity of the skin test and vaccination, they are still being offered X-ray of the chest, but this group will soon grow out of the schools.



Dr. Wilson, the Medical Director of the Mass Radiography Service, has supplied this information :—

8,961 miniature films were taken. 310 doubtful cases were recalled for large film X-rays and 36 for clinical interview. Of these 28 were referred to the Chest Clinic, Queen's Rd., and 16 found to have active tuberculosis. 10 had inactive tuberculosis and 2 were definitely non-tuberculous. 14 children were admitted to sanatoria or hospital for treatment and 2 kept under observation. 2 children were referred to General Hospitals and 22 others to their general practitioner.

The total number of children suspected to have tuberculosis was .31 per cent. (.21 per cent.), .16 per cent. (.07 per cent.) being active cases. The comparable figures for last year are given in brackets.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Dr. Watson, Assistant to the Medical Officer of Health, submits the following report :—

“ During the year 1956, the B.C.G. scheme for school leavers made further progress. The programme started in September, 1955 was completed, and the 1956/57 programme commenced. The programme was modified slightly. The “ inspection visit ” previously made after six weeks was abandoned. This visit had not proved of any great value. This enabled all schools to be visited for vaccination in the September to December term. The follow up visits will all be carried out in the January to April term.

The follow up of the positive reactors was intensified. All are now offered an X-ray at Ellin Street. During this year an attempt has been made to visit the homes of all these positive reactors. The parents have been urged to attend for X-ray, and a careful history taken in an attempt to elucidate the

source of infection. There follows the tables of results of the work from the inception of the scheme :—

TABLE 1

SCHOOL YEAR *	1954-55	1955-56	1956-57
Eligible 13 year olds	1,077	6,330	6,285
Consents	852	4,491	4,744
Consent rate	79·1%	71%	75·4%
Absent	99	150	105
Withdrawn		13	11
Already had B.C.G.		13	110
Total skin tested	753	4,315	4,518
Positive	211	1,122	1,073
% positive	28%	26·3%	23·7%
Negative	542	3,193	3,445
Vaccinated	542	3,192	3,445

* The term " school year " refers to the year beginning in September.

TABLE 2

SCHOOL YEAR	1954-55	1955-56	1956-57
Total X-rayed	—	818	983
No Pulmonary lesion	—	769	937
Miscellaneous, non-active and healed lesions	—	46	44
Active lesions	—	3	2

COMMENTS

1. The 1954/55 year should not be compared too closely with the other two. It refers to a more limited and selected group of schools, which was used as a pilot survey.

2. There is an increase in the proportion consenting to vaccination. This is a healthy sign, but a further increase should be sought in the 1957/58 year.

The impression that I have is that the Public are extremely interested in this measure to reduce the amount of Tuberculosis amongst our young adults, and that there is very little opposition to the scheme.

3. The proportion of children who have already had B.C.G. elsewhere is increasing. This number will increase still more. I feel that it is important that these children should be skin tested to ensure that the old vaccination is still operative.

The "reported vaccination" should also be investigated, as many parents confuse the various vaccination measures, and often think of a skin test as a B.C.G. vaccination.

4. The proportion of positive reactors has fallen by approximately 3%. This is statistically significant, but it is far too early to make any real conclusions from it.

This figure should prove a very useful measure of the amount of infection in the community, and a decline in this rate should reflect the trend in the community as a whole.

5. Once again, the co-operation of the schools has been whole hearted. This has been greatly appreciated by those "working the scheme."

PRELIMINARY REPORT ON THE SKIN TESTING OF SCHOOL ENTRANTS SCHEME

Up to 20th March, nine schools had been visited. This was done as a trial run to get some estimate of the numbers of children likely to be involved, and the number of positive reactors that we may expect. There follows a table of results :—

Possibles	..	..	..	..	..	383	
Already investigated or had B.C.G.	..				..	22	
							361
Consents	..	..	..	..	..		256
% of consents	..	..	..	..	..	71%	
Withdrawn	..	..	..	..	..	1	
Absentees	..	..	..	..	..	50	
							51
Skin tested	..	..	..	..	..		205
Positive	..	..	..	..	..		4
Negative	..	..	..	..	..		201
% Positive	..	..	..	..	..	2%	

COMMENTS

The proportion accepting, when allowance has been made for the children who have already had B.C.G. or been investigated, is satisfactory. 71% is a gratifying consent rate, as many parents are likely to view any scheme with a certain amount of suspicion in the first months of its operation. It will be

seen that a large number of children were lost through absenteeism. To a certain extent this can be expected at this age, but I think we have been unfortunate in that this January to April term is a bad one normally, but this year there have been a large number away with measles. The proportion of positive reactors (2%) is very low. It indicates the sort of figure that we can expect. This should be between 2% and 5%. So far, I am unable to comment on the follow up of these positive reactors as all the relevant reports are not to hand yet.

I feel that one of the most valuable outcomes of this scheme will be in the possibilities for talking to the parents. I have made a practice of speaking to the parents (and a large proportion of them do attend) as a group, and offering them the opportunity for asking me questions. They are very interested, and frequently the discussion could go on for quite a long time. Then, when the result of each skin test is read, I ask the parents to come in with the child, and give them the opportunity of discussing any individual problems. If they report any Tuberculosis amongst relatives and friends, then I offer them the opportunity of requesting B.C.G. for their child. This can be arranged either through the Chest Clinic or through the Children's Hospital. Quite a few of the parents have accepted this opportunity for having their child protected.

In summary, therefore, I feel that this scheme will be of immense value in three ways.

1. In following up the positive reactors as indicators of family infection.
2. As an opportunity for Health Education.
3. As a means of offering B.C.G. to susceptible children who are fringe contacts of a known case. These children would not fall within the orbit of existing schemes."

CHILD GUIDANCE CENTRE

Mr. N. E. Whilde, the Psychologist-in-charge, reports as follows :—

“ The year under review has been a record one as regards cases open and closed ; numbers dealt with have exceeded those in any year since the Centre's inception in 1937. 96 of the children referred were part of the investigation concerned with intelligence of educationally subnormal children (referred to fully in the last Annual Report). Excluding these, the remaining number (423) is still the largest number referred to the Centre in any one year. The number of cases closed, 397 (excluding 12 “E.S.N. investigation” cases) has also never been exceeded.

This work has not been done without considerable strain on the staff (both professional and clerical) and it is clear that any further expansion will need additional staff. The increasing distances which parents and children have to travel as the housing estates develop, with the increased time and expense which they are involved in, coupled with the continued expansion recorded in successive Annual Reports, brings the concept of establishing Branch Centres to the fore. It is not clear how far parents are actually deterred from attending on the grounds of time and trouble, but it is not uncommon for those who do attend to express their concern about the subject and it would seem a sensible development to take the Service nearer to the children's homes and schools.

The number of ordinary cases which were referred and never attended was only 8 (less than .02 per cent). This is the lowest proportion recorded (though it has never been high) and may be interpreted as a sign of the parents' willingness to use the Service.

Nine treatment cases are reported closed because the parents were unco-operative. These, as with similar cases in other years, mainly consist of two types : those who co-operate for some time and cease to attend when the overt difficulties have abated, and those who want an easy solution to their difficulties and are not prepared to make some sacrifices or modifications in their way of life for the child's sake.

The cases closed “ after supervision ” are not recorded as strictly “ treatment ” cases because (a) the service may only be of an advisory nature where the problem is not severe (b) the prognosis is not good and an attempt is made to prevent deterioration rather than to cure in any radical sense (c) the bulk of the work is done by another agency with the Centre's continued advice and support.

There was a slight increase at the end of the year in the “ treatment ” waiting list. Children who have no claim to priority on the grounds of age or severity of symptom have had to wait slightly more than a year for their turn for treatment to come round. It is the Centre's policy to tide over this

given in the meantime.

one half were below eight years and three-quarters were below eleven years.

Almost half of the cases were referred by or through head teachers. This

children.

help has been given to the adjustment classes and to various Special Schools.

guidance services are as yet in a formative stage.

NUMBER OF CASES REGISTERED DURING 1956.

Girls	..	..	..	..	..	..	..	160	
Boys	..	..	..	..	..	..	..	263	
								<hr/>	423
E.S.N. Investigation (42 girls, 54 boys)	..				..	..	..		96
								<hr/>	
					TOTAL	..	..	..	519

ANALYSIS OF CASES DEALT WITH :—

Cases closed 1956	..	..	..	..	..	..	397	
E.S.N. cases	..	..	..	..	..	..	12	
							<hr/>	409
Cases open 31st December, 1956			..	..	..	..	263	
E.S.N. cases	..	..	..	..	..	..	127	
							<hr/>	390
Cases on waiting list 31st December, 1956				..	..	..		14

REASONS FOR CLOSING CASES IN 1956.

Did not attend at all	..	..	..	..	..	..	12
Consultation only	..	..	..	..	..	..	279
E.S.N. cases only	..	..	..	..	..	..	8
						<hr/>	287
After supervision ..	..	..	..	..	..	..	68

Treatment Cases.

Further attendance impossible	..	..	..	..	2
Patient unco-operative	..	..	..	..	1
Parent unco-operative	..	..	..	..	9
Transferred to other treatment	..	..	..	..	1
Treatment completed	..	..	..	..	29
TOTAL					409

ANALYSIS OF CASES OPEN ON 31ST DECEMBER, 1956.

Under treatment	..	..	..	..	..	66
Under supervision	..	..	..	..	97	
E.S.N. cases under supervision	..	..	..	..	127	
						224
Under investigation	..	..	..	..		25
Awaiting treatment (investigation complete)	..	..	..	..		75
TOTAL					..	390

* REASONS FOR REFERENCE OF ALL CASES.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	E.S.N. investigation	Total
Number of children	31	34	100	258	96	519

SOURCE OF REFERENCE.

	Head Teacher	Parents	School Medical Officer	Speech Therapist	Juvenile Court	Private Doctor	Hospital	Others	Total
Number of children	249	29	136	30	16	15	32	12	519

AGE RANGE ON REFERENCE.

Age	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children	1	1	5	34	56	70	115	67	54	48	28	21	13	1	3	2	519

INTELLIGENCE QUOTIENT RANGE OF ALL CASES
CLOSED DURING THE YEAR

70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
26	63	83	94	54	44	23	9	13	409

* Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance."

SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS
AND NURSING ASSISTANTS

IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.						
Examination of children under cleanliness scheme—Boys			78,619			
			Girls		89,744	
					———— 168,363	
Examination of children for “ following up ”			.. .. .		1,855	
Examination of children for investigation of outbreak of infectious diseases			.. .. .		5,177	
Examination of children for other purposes			.. .. .		11,195	
Weighing and measuring			.. .. .		68,148	
Number of visions tested			.. .. .		22,799	
					<u>277,537</u>	
Number referred to clinics			.. .. .		3,671	
Number of visits to schools			.. .. .		13,516	

IN THE CLINICS—

	EYE TREATMENT		EAR TREATMENT		MINOR DRESSINGS	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe ..	142	289	222	1,843	1,398	4,347
Central ..	96	221	158	916	639	2,577
Handsworth ..	30	19	45	169	232	689
Heeley ..	149	419	124	808	941	3,888
Hillsborough ..	77	196	128	786	1,607	3,678
Manor ..	50	101	241	1,258	978	3,998
Nursery Schools	133	369	129	406	2,874	5,951
Pitsmoor ..	135	338	249	1,686	662	2,449
Shiregreen ..	105	240	131	528	1,026	2,693
Southey Green ..	55	103	50	224	581	1,204
Special Schools	156	1,808	173	1,214	3,695	8,763
Wisewood ..	109	217	140	407	702	1,929
Woodhouse ..	6	12	22	223	101	268
Wybourn ..	110	280	122	651	2,181	5,539
TOTALS ..	1,353	4,612	1,934	11,119	17,617	47,973

IN THE HOMES—

Visits for “ following up ”			.. .. .		737	
,, neglect, uncleanness, etc.			.. .. .		265	
,, various purposes			.. .. .		1,512	
					<u>2,514</u>	

CLEANLINESS SURVEY

The following figures give the results of the hygiene examinations :—

(a) *Numbers relating to Individual Pupils :—*

(i) Pupils examined	Boys ..	32,818		
	Girls ..	32,557		
		<hr/>		65,375
(ii) Pupils found to be infested with nits or head lice (including those with one single nit).				
	Boys ..	1,072	(3.24%)	
	Girls ..	3,239	(9.95%)	
		<hr/>		4,311 (6.59%)

(b) *Numbers relating to Examinations :—*

(These may include many reviews of the same child).

(i) Examinations :—					
Boys	..	..	..	78,619	
Girls	..	..	..	89,744	
				<hr/>	168,363
(ii) Found to be dirty :—					
Boys	..	..	..	540	(0.69%)
Girls	..	..	..	294	(0.33%)
				<hr/>	834
(iii) Found to have verminous clothing —					
(iv) Heads cleansed at the clinics :—					
Boys	..	..	..	169	
Girls	..	..	..	738	
				<hr/>	907
(v) Found to have bad clothing :—					
Boys	..	..	..	23	(0.03%)
Girls	..	..	..	20	(0.02%)
				<hr/>	43 (0.03%)
(vi) Found to have bad footwear :—					
Boys	..	..	..	40	(0.05%)
Girls	..	..	..	18	(0.02%)
				<hr/>	58 (0.03%)

It should be noted that out of the total number of examinations it was found necessary in the worst cases of uncleanliness to send a special card of instructions to parents of 838 boys (1.07 per cent.) and 2,508 girls (2.79 per cent.) and second and third ones to a further 260 boys and 763 girls. Of these, 907 (169 boys and 738 girls) were cleansed at the clinics in accordance with the usual practice.

2,125 children who were found to be suffering from various defects during general survey were referred by the school nursing sisters to the clinics, and 1,546 children were also referred to the clinics by the nursing assistants during cleansing inspections.

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers do not give complete cases, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever, meningitis, dysentery and measles are the confirmed cases from the notifications.

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	TOTAL	
					1956	1955
Measles	15	14	5	24	58	1,871
German Measles	71	150	137	455	813	314
Whooping Cough	15	71	177	119	382	310
Chicken Pox . .	939	632	116	319	2,006	2,513
Mumps	278	144	57	149	628	1,807
Scarlet Fever . .	149	109	71	133	462	351
Meningitis . .	1	1	3	9	14	3
Dysentery . .	116	149	128	98	491	215

DIPHTHERIA

None occurred for the seventh successive year, but it is useful to recollect that in 1938 there were 824 cases in the City.

ACUTE POLIOMYELITIS

The Medical Officer of Health has supplied the following information. There were 17 confirmed cases of poliomyelitis in children of school age ; they were widely distributed over the City occurring in 9 municipal wards. This compares with 52 cases in 1955, and 9 in 1954. Fortunately there were no deaths.

Details of age, sex, development of paralysis, and month of occurrence are given below :—

		CHILDREN AGED					
		5—9 years		10—15 years		5—15 years (Total)	
		Boys	Girls	Boys	Girls	Boys	Girls
Paralytic cases .. ..	..	3	1	—	—	3	1
Non-paralytic cases ..	..	7	2	—	4	7	6
		10	3	—	4	10	7
		17				17	

Months of Occurrence :—

February	1	July	9
April	2	August	5

IMMUNIZATION AGAINST DIPHTHERIA

For the seventh successive year diphtheria has been absent from the City. It may be that parents are consequently beginning to lose their fears of it as a disease that may kill or cripple, as is suggested by the decrease in the acceptance rate of immunization—approximately 72 per cent. of children aged five years. It would be paradoxical if the very success of the campaign led parents to neglect immunization, and every effort therefore is being made at the schools and clinics to encourage a larger number of acceptances.

PARTICULARS OF WORK DONE IN 1956.

(a) *Primary Immunization.*

Number of children who have received complete treatment—

Children under 5 years of age	215
Children 5 to 15 years	616
Number received part treatment	288
Number of children who have attended for treatment	1,119

(b) *Stimulating or Reinforcing Doses.*

Number of letters forwarded	1,958
-------------------------------------	-------

Number of acceptances—

Own doctor	534
School Clinic	870
	<hr/>
	1,404
Additional number referred from other sources	1,400
Total number treated	2,270

PARTICULARS OF WORK DONE SINCE 1952.

(a) *Primary Immunization.*

Number who have received complete treatment during	1953	..	1,347
" " " "	1954	..	1,182
" " " "	1955	..	573
" " " "	1956	..	831

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during	1953	..	..	..	3,323
" " " "	1954	..	..	..	3,161
" " " "	1955	..	..	..	1,578
" " " "	1956	..	..	..	2,270

POLIOMYELITIS VACCINATION

The Ministry of Health Circular 2/56 introducing vaccination against poliomyelitis was approved by the City Council in February 1956 and by arrangement with the Medical Officer of Health the School Health Service undertook the vaccination of those children attending county schools. 34,475 explanatory letters and consent forms were issued through the schools to the parents of the children in the specified age groups, namely those born in 1947 to 1954 inclusive—for the School Health Service those in the younger age groups were the children attending nursery classes. 17,769 forms were returned accepting vaccination, and those constituted our registered list which was sent to the Statistical Unit of the Medical Research Council, which is responsible for the subsequent assessment of the degree of protection afforded by the vaccine. The quantity of vaccine to be available was uncertain but likely to be strictly limited, and the children to be done with the first issue were selected by their month of birth, as advised by the Medical Research Council. There was sufficient only to vaccinate the following.

Boys				Girls				Total
805	2 injections	..	..	702	2 injections..	..	..	1,507
15	1 injection	..	..	21	1 injection ..	..	..	36

It is to be hoped that there will be sufficient vaccine in 1957 to treat the remainder of the children registered.

PHYSICAL EDUCATION

Close co-operation exists between the School Health Service and those engaged in physical education. In particular, individual reports are made on children submitted for an opinion as to their suitability for various types of physical activities. During the general medical examination, this consideration is always borne in mind and head teachers are informed when restrictions are considered necessary.

The school health staff naturally take much interest in this part of education which plays a marked share in the development of the child.

The report on this year's activities will be found in the Appendix on pages 87 to 97.

NURSERY SCHOOLS AND CLASSES

The accompanying table shows the heights and weights of the nursery school children examined at periodic health inspection :—

HEIGHTS
NURSERY SCHOOLS AND CLASSES

Boys					GIRLS				
Age	1954 Inches	1955 Inches	1956 Inches	Number examined 1956	Age	1954 Inches	1955 Inches	1956 Inches	Number examined 1956
2	35.75	35.36	35.36	34	2	34.7	35.21	35.13	36
3	38.08	37.9	37.89	254	3	37.46	37.61	37.55	189
4	40.31	39.73	39.96	249	4	39.72	39.83	39.59	234

WEIGHTS
NURSERY SCHOOLS AND CLASSES

Boys					GIRLS				
Age	1954 Pounds	1955 Pounds	1956 Pounds	Number examined 1956	Age	1954 Pounds	1955 Pounds	1956 Pounds	Number examined 1956
2	31.37	29.85	30.47	34	2	27.95	28.81	29.06	36
3	35.36	34.39	35.21	254	3	33.29	33.6	33.69	189
4	39.48	37.59	38.30	249	4	37.19	36.84	38.04	234

HANDICAPPED PUPILS

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
BLIND PUPILS	Sheffield School for Blind Children	60 pupils
PARTIALLY SIGHTED PUPILS	Bents Green School ..	30 pupils
DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS	Maud Maxfield School .. (Day and Residential)	120 pupils
PARTIALLY DEAF (GRADE IIA) PUPILS	Weekly classes at Maud Maxfield School ..	20 'senior and 20 junior pupils
DELICATE PUPILS	Whiteley Wood, Bents Green, and Springvale House Schools	384 pupils
	Bents Green Residential ..	40 pupils—girls.
PHYSICALLY HANDICAPPED PUPILS (DAY)	Mayfield and Arbourthorne North Schools	120 pupils
EDUCATIONALLY SUB-NORMAL PUPILS	Wadsley Bridge and Hillsborough Schools ..	255 pupils—boys.
	Highfield School	135 pupils—girls.
	Handsworth School ..	100 pupils—girls.
	East Hill School	45 pupils—junior boys and girls.

SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the school at the end of the year follows :—

Aniridia	1
Choroido-retinal dystrophy	3
Microphthalmos	3
Albinism	1
Nystagmus	1
Congenital cataracts and Microphthalmos	11
Buphthalmos	8
Retrolental fibroplasia	14
Optic atrophy	11
Bilateral corneal dystrophy	2
Corneal leucomata	1
Keratitis	1
Detached retina	1
Abiotrophy of retina	2

BENTS GREEN SCHOOL FOR THE PARTIALLY SIGHTED

Dr. Oates contributes the following :—

“ The elasticity necessary for teaching in a special school is well illustrated at this school for the partially sighted. Here there are two classes only, attached to the Bents Green Special School for delicate children.

The age range is necessarily great. It is given below for the present pupils together with their mental ages and intelligence quotients.

CLASS I.

15 children	Actual ages	$10\frac{9}{12}$ — $15\frac{4}{12}$ years.
	Mental ages	$9\frac{1}{12}$ — 17 years.
	Intelligence quotients	85 — 115.
	Terman Merrill L.	

CLASS II.

15 children	Actual ages	$5\frac{4}{12}$ — $10\frac{9}{12}$ years.
	Mental ages	$2\frac{1}{12}$ — $11\frac{1}{12}$ years.
	Intelligence quotients	50 — 117.
	Terman Merrill L.	

The curriculum is that of the ordinary school and includes algebra and technical drawing. Swimming and rambling are favourite activities, well suited to children with this disability, the rambles being anything up to 25 miles in one day.

The children tend to make friends with other partially sighted children, rather than with the delicate ones. This seems to be chiefly because the population of the open air school is a changing one. They do, however, mix well with the delicate children, particularly the older ones, in the playground. They also join in all the social functions of the school, such as the Carol Concert and Open Day. In this way they feel themselves an integral part of a large school, and the limitations caused by their physical handicap are thus mitigated.

SPECIAL SCHOOLS FOR DELICATE CHILDREN—DIETARY CHANGES

At these schools a slight change in the meals has been made. Formerly, breakfast and tea were given in addition to the mid-day meal. Breakfast consisted of porridge or cereals and milk, and cocoa, and tea of bread and butter, bread and dripping, or cake, and cocoa. These took up much valuable school time. It was, however, felt that the children needed some refreshment on arrival at school, especially as for most of them it had been a long journey. It was also felt that additional protein should be introduced. Accordingly, a snack and a bottle of milk ($\frac{1}{3}$ pint) has been substituted for breakfast. Snacks take the form of sandwiches with a protein filling, for example, potted meat, egg, cheese, bacon, sardine or other fish. These have proved very popular with the children. On leaving school in the afternoon, the children simply have another bottle of milk, as they can have a meal when they arrive home. It was found that most of them did have a cooked meal in the evening when their parents came home from work.”

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below :—

RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school	83
Recommended for admission to a residential special school.. ..	3
Recommended for education in an ordinary school with special educational treatment	38
Recommended for admission to a special school for the physically handicapped	1
Found to be educationally sub-normal and deaf, and recommended to remain at special school for the deaf	1
Found to be educationally sub-normal, but physically unfit for an ordinary or special school—recommended for home tuition	1
Found to be educationally sub-normal but physically handicapped and unfit for ordinary or special school	1
Found to be educationally sub-normal—Children now in a private school	2
Children in special schools for the delicate found to be educationally sub-normal, but to remain at present special school.. .. .	2
Found to be educationally sub-normal, but for further consideration as to disposal	25
Examined but decision deferred as to educational sub-normality ..	23
Referred to the Child Guidance Centre for investigation	5
Referred by the Local Health Authority for re-examination under Section 8 of the Miscellaneous Provisions Act, 1948	1
No disability of mind	47
Found to be ineducable and recommended for report to the Local Health Authority—Section 57(3)	42
Found to be ineducable and reported to the Local Health Authority under Section 57(3) relying on Section 57(4)	5

ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOL FOR THE EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age	72
Removed at an earlier age as incapable of receiving further benefit ..	11
Removed at an earlier age because of physical condition	1

TOTAL NUMBER REPORTED TO LOCAL HEALTH AUTHORITY (MENTAL WELFARE COMMITTEE).

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit or further benefit from instruction in school	19	16
Educationally sub-normal children reported on attaining the School leaving age	19	15

REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL WELFARE ON LEAVING SCHOOL

31 11

EDUCATION ACT 1944, SECTION 57 (3)

For comparison with previous years the number of children reported to the Local Authority under this section of the Act are given. They are children incapable of receiving benefit at school, or, if already in school, ones who have ceased to benefit from instruction there. The average per year reported has been 39.

<i>Years</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1946	30	19	49
1947	21	18	39
1948	22	12	34
1949	24	9	33
1950	22	21	43
1951	20	14	34
1952	17	18	35
1953	24	42	66
1954	12	9	21
1955	19	18	37
1956	19	16	35

**FOLLOW-UP OF CHILDREN WHO LEFT THE SCHOOLS FOR THE
EDUCATIONALLY SUB-NORMAL IN 1953**

Out of 18 boys who left Wadsley Bridge Special School, 13 settled quickly in either their first or second job, four being employed as coal miners. The home conditions for eight of them were very good, and indeed in one instance had it not been for this and for the help of a particularly understanding employer the boy could not have succeeded as his intelligence was relatively low.

The other five have all had numerous jobs, two of them changing continually in pursuit of higher wages ; one proving particularly difficult to place, mainly because of his lack of ability. Three of the five were nervous and timid in disposition, which added greatly to their initial adjustment in industry.

Three of the 18 boys have been accepted for National Service.

Of three girls who left Highfield Special School all remained in their first or second job and were reported to be doing very satisfactory work ; one of them succeeded in spite of very difficult home conditions, and another only after overcoming extreme shyness.

The average intelligence quotient of the boys and girls is 70.57 (Terman Merrill Stanford Revision), and the range of intelligence quotients 57 to 82.

DIABETES

12 pupils with this disease are under one or other of the hospital diabetic clinics, but are fortunately fit to attend an ordinary school.

CEREBRAL PALSY

There is a total of 105 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue who are very severely handicapped who constitute the real problem :—

TOTAL	105
Ineducable	20
	<hr/>
	85
Under Statutory school age	5
	<hr/>
	80
	<hr/>
Ordinary school	26
Private school	1
Day special schools :—	
Physically handicapped	30
Educationally sub-normal	10
Deaf	2
Partially-Sighted	1
	<hr/>
	43
Residential special school	7
Home Tuition	3
	<hr/>
	80
	<hr/>

HOME TUITION

The recommendation for home tuition comes from the school medical officers who re-examine the children at intervals, reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers there.

The analysis of the defects of the 14 children is as follows :—

Fractured pelvis	1
Cerebral palsy	3
Hydrocephalus	1
Poliomyelitis—paralytic	3
Haemophilia	1
Nephritis	1
Spina bifida	1
Bronchiectasis	1
Pérthes disease	1
Muscular dystrophy	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN RESIDENTIAL
SPECIAL SCHOOLS OUTSIDE OF THE SHEFFIELD AREA, DECEMBER, 1956

BLIND CHILDREN.	Boys	Girls	Total
Chorleywood College for the Blind, Hertfordshire ..	—	1	1
Conover Hall School for Blind Children, Shrewsbury	—	1	1
Royal Normal College for the Blind, Near Shrewsbury	—	1	1
Worcester College for the Blind, Worcester	1	—	1
Yorkshire School for the Blind, York	1	1	2
			<u>6</u>

DEAF CHILDREN.	Boys	Girls	Total
Burwood Park School, Hersham, Walton-on-Thames	1	—	1
Mary Hare Grammar School for the Deaf, Newbury, Berks.	—	2	2
St. John's R.C. Institution for the Deaf, Boston Spa, Yorkshire	1	—	1
			<u>4</u>

DELICATE CHILDREN.	Boys	Girls	Total
Hillaway Homes, Buckfastleigh, Devon	2	6	8
Ingleborough Hall School, Clapham, Yorkshire ..	1	—	1
Leasowe Children's Hospital School, Wallasey, Cheshire	1	—	1
Meath Home School of Recovery, Ottershaw, Surrey	—	1	1
Pilgrims School, Seaford, Sussex	2	—	2
St. John's R.C. Open-Air School, Woodford Bridge, Essex	1	—	1
St. Patrick's Open-Air School, Hayling Island, Hants.	—	1	1
St. Vincent's Open-Air School, St. Leonards-on-Sea, Sussex	—	1	1
			<u>16</u>

EDUCATIONALLY SUB-NORMAL CHILDREN.	Boys	Girls	Total
Aldwark Manor School, Alne, near York	5	—	5
Allerton Priory R.C. School, Liverpool	—	1	1
Dr. Barnardo's Meadows School, Southborough, Kent	2	—	2
Besford Court R.C. School, Worcester	5	—	5
Crowthorn School, Edgworth, near Bolton	1	1	2
Rossington Hall School, Doncaster	4	—	4
St. Francis' Residential School, King's Heath Birmingham	—	3	3
Swaylands School, Penshurst, Kent	1	—	1
			<u>23</u>

AFTER-CARE

As in the past the problems arising during the After-care of the Special School Leavers have been varied. The majority of the parents have co-operated readily apart from an occasional one who at first showed neither sympathy with the school leaver nor interest in his future ; before satisfactory results could be obtained much time and effort had therefore to be expended. To give one example, the parents of an educationally subnormal boy were reluctant to admit his handicap and in consequence failed to give him the encouragement and assistance required ; until the fullest co-operation could be obtained it did not prove possible to place him in satisfactory employment.

Before the School Leavers' interviews are held, each boy and girl is discussed individually with the Head Teacher, Youth Employment Officer and After-care Officer. The material that comes forward from this discussion is very helpful in the follow up of the leaver during his or her first few years of working life.

There has been a wide choice of employment for both girls and boys, and a large percentage are learning trades whilst the remainder are usefully employed in semi-skilled or unskilled work.

The Boys' Club which is run by the Wadsley Bridge Special School under the auspices of the Sheffield Voluntary Association for Mental Welfare continues to serve a useful purpose, and has been well attended throughout the year. A number of boys in their last term at the school are enrolled, and thus become well acquainted with the various games played at the club. They then continue as club members after commencing work and in this way do not sever their link with the school. At a later date they become so club-minded and independent that many of them have the self-confidence to take their place in larger clubs quite happily.

During the year 417 visits have been made by the After-care Officer to cases under eighteen years of age. Of these, 113 are ex-pupils of the schools for the educationally subnormal ; 10 of the schools for the physically handicapped and 122 of the schools for delicate children.

**EMPLOYMENT OF PUPILS HAVING LEFT SPECIAL SCHOOLS
DURING THE YEAR UNDER REVIEW**

OCCUPATION	EDUCA- TIONALLY SUB-NORMAL		DELICATE		PHYSICALLY HANDI- CAPPED		Total 1956
	Boys	Girls	Boys	Girls	Boys	Girls	
Packing—Warehouse	1	6	5	4	—	—	16
Sweetmaking	—	2	—	—	—	—	2
Shop Assistant	—	1	1	2	1	—	5
Machinist—tool	1	—	1	—	—	—	2
Millhand—steel	4	—	1	—	—	—	5
Painting and Decorating	3	—	1	—	—	—	4
Colliery Trainee	2	—	—	—	—	—	2
Boot repairing	2	—	—	—	—	—	2
Kennel work	1	—	—	—	—	—	1
Tool making	2	—	2	—	—	—	4
Shirt making—machinist	—	—	—	2	—	—	2
Clerical work	—	—	1	3	—	1	5
Gardening	—	—	2	—	—	—	2
Woodwork	1	—	3	—	—	—	4
Canteen assistant	—	—	—	1	—	—	1
Builder's Apprentice	—	—	1	—	—	—	1
Steel worker	—	—	1	—	—	—	1
Nursing—male	—	—	1	—	—	—	1
Electrician	—	—	2	—	—	—	2
At home—had eye operation	—	—	—	1	—	—	1
Sawmaking	—	—	1	—	—	—	1
Farming	—	—	2	—	—	—	2
Butcher's Assistant	—	—	1	—	—	—	1
Draughtsman	—	—	1	—	—	—	1
Photography	—	—	—	1	—	—	1
Apprentice Vacuum maker	—	—	1	—	—	—	1
Cutlery	5	—	—	—	1	—	6
Hammer Driver	2	—	—	—	—	—	2
Upholsterer	1	—	—	—	—	—	1
Rivet maker	1	—	—	—	—	—	1
Wagon loader—Coal	1	—	—	—	—	—	1
Foundry worker	1	—	—	—	—	—	1
Type setter—printing	—	—	—	3	—	—	3
Bookbinder's apprentice	—	—	1	—	—	—	1
Lorry worker	1	—	—	—	—	—	1
	29	9	29	17	2	1	87
Learning a definite trade	17	—	15	3	1	—	36
In semi-skilled or unskilled employ- ment	12	9	14	13	1	1	50
At home	—	—	—	1	—	—	1
	29	9	29	17	2	1	87

FULL-TIME COURSES OF HIGHER EDUCATION FOR HANDICAPPED STUDENTS

The Education Committee are responsible for the craft training of blind and deaf persons under 21 years of age, and during the year the following students continued attendance at recognised institutions :—

Yorkshire School for the Blind (one boy, basketry ; one boy, mat making).

Royal National Institute for the Blind (one boy, physiotherapy).

HEALTH EDUCATION.

The school nursing sisters attend monthly lectures at the City General Hospital. Two went to the Winter School at Bedford College, and four to the Course for Health Visitors at the Department of Hearing in Manchester.

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

A school nursing sister by request gave talks on child care to older girls in some schools.

Doctors taking the Diploma in Child Health, fourth year medical students, and various foreign visitors, were shown the work of the School Health Service.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

MISCELLANEOUS.

REMAND HOMES.

All boys and girls are medically examined before admission to the remand homes and again before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows :—

Candidates for appointment in the service of the Education Committee	155
Examinations for stage licences	16
Juvenile Court cases.. .. .	129
For admission to approved schools	11
Annual medical examinations of “ Boarded-out ” children ..	161
Fitness for part-time work, for example newspaper delivery or errand boy in various trades :—	
Number passed	1,317
Number not recommended	17
Examinations of students for admission to training colleges for teachers—	
Men	69
Women	238
	<hr/>
	307

MEDICAL INSPECTION RETURNS
YEAR ENDED 31ST DECEMBER, 1956

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).**

A—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	6,205
Second Age Group	6,517
Third Age Group	4,915
Additional Inspections	585
TOTAL	18,222

B—OTHER INSPECTIONS.

Number of Special Inspections	27,239
Number of Re-inspections	24,297
TOTAL	51,536

C—PUPILS FOUND TO REQUIRE TREATMENT.

NUMBER OF INDIVIDUAL PUPILS
FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT
(excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Table III (3)	Total individual pupils (4)
Entrants	155	628	747
Second Age Group	205	372	555
Third Age Group	215	398	603
Additional Inspections	5	16	20
Total (prescribed groups)	580	1,414	1,925

D—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS IN TABLE IA

Age Groups (1)	Number of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	per cent of col. 2 (4)	No. (5)	per cent of col. 2 (6)
Entrants	6,205	6,195	99·84	10	·16
Second Age Group	6,517	6,496	99·68	21	·32
Third Age Group	4,915	4,902	99·74	13	·26
Additional Inspections	585	580	99·15	5	·85
TOTAL	18,222	18,173	99·73	49	·27

TABLE II.

INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	168,363
(ii)	Total number of individual pupils found to be infested	4,311
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	3,346
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	2

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1956.

A—PERIODIC INSPECTIONS.

Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
	Entrants		Leavers		Requir- ing Treat- ment	Requir- ing Obser- vation
	Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation		
Skin	27	18	38	4	104	45
Eyes—(a) Vision	156	219	216	172	580	529
(b) Squint	75	56	5	4	102	87
(c) Other	14	16	27	8	57	33
Ears—(a) Hearing	53	22	27	6	104	45
(b) Otitis Media ..	41	32	30	24	85	77
(c) Other	55	27	82	13	180	55
Nose and Throat	173	231	29	41	248	376
Speech	27	67	6	2	42	82
Lymphatic Glands	12	32	—	1	12	46
Heart	11	30	5	21	34	73
Lungs	33	144	7	40	52	273
Developmental—						
(a) Hernia	9	17	—	—	14	24
(b) Other	—	—	—	—	—	—
Orthopædic—						
(a) Posture	6	14	7	9	24	37
(b) Feet.. ..	50	51	27	—	122	82
(c) Other	1	—	—	—	1	—
Nervous system—						
(a) Epilepsy	1	8	1	4	4	15
(b) Other	—	1	—	3	—	5
Psychological—						
(a) Development ..	4	7	2	—	8	8
(b) Stability	10	29	1	13	14	59
Abdomen	—	—	—	—	—	—
Other	107	127	71	70	254	296

B—SPECIAL INSPECTIONS

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin	3,030	7
Eyes—(a) Vision	1,231	321
(b) Squint	93	15
(c) Other	804	17
Ears—(a) Hearing	274	70
(b) Otitis Media	492	1
(c) Other	1,056	24
Nose and Throat	1,409	98
Speech	188	57
Lymphatic Glands	66	15
Heart	38	14
Lungs	435	49
Developmental—		
(a) Hernia	3	1
(b) Other	4	6
Orthopædic—		
(a) Posture	3	2
(b) Feet.. .. .	58	24
(c) Other	553	48
Nervous System—		
(a) Epilepsy	51	12
(b) Other	86	20
Psychological—		
(a) Development	19	12
(b) Stability	106	34
Abdomen	51	23
Other	8,018	242

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	by the authority	otherwise
External and other, excluding errors of refraction and squint	765	139
Errors of refraction (including squint)	—	3,407
TOTAL	765	3,546
Number of pupils for whom spectacles were prescribed	—	2,884

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	by the Authority	otherwise
Received operative treatment :—		
(a) for diseases of the ear	—	8
(b) for adenoids and chronic tonsilitis	—	168
(c) for other nose and throat conditions	—	10
Received other forms of treatment	2,642	415
TOTAL	2,642	601
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) in 1956	—	30
(b) in previous years	—	32

GROUP 3.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	by the Authority	otherwise
Number of pupils known to have been treated at clinics or out-patients departments	340	676

GROUP 4.—DISEASES OF THE SKIN.
(excluding uncleanness, for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	14
Scabies	11
Impetigo	109
Other Skin Diseases	2,847
TOTAL	2,981

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinic under arrangements made by the Authority	684
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GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrange- ments made by the Authority	247
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GROUP 7.—OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	5,724
(b) Pupils who received Convalescent treatment under School Health Service arrangements	210
(c) Pupils who received B.C.G. Vaccination	4,929
(b) Other than (a), (b) and (c) above— Chiropody	793
TOTAL	<u>11,656</u>

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944 (OTHER THAN HOSPITAL SCHOOLS) OR BOARDING IN BOARDING HOMES, YEAR 1956.

During the calendar year 1956 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
A. Newly placed in Special Schools or Boarding Homes	5	4	5	—	136	19	111	2	6	288
B. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes ..	5	3	1	—	125	24	85	3	8	254

On or about 31st January, 1957 :— Number of handicapped pupils who were :—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	TOTAL
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
C. (i) On the registers of Special Schools as :— (a) Day pupils (b) Boarding pupils (ii) On the registers of Independent Schools under arrangements made by the Authority (iii) Boarded in Homes and not already included under (i) or (ii) above	— 17	27 —	53 7	12 —	343 36	103 9	436 25	— —	— 14	974 108
	—	—	—	—	—	3	—	3	—	6
	—	—	—	—	9	—	—	—	—	9
TOTAL (C)	17	27	60	12	388	115	461	3	14	1,097
D. Being educated under arrangements made under Section 56 of the Educa- tion Act, 1944 :— (i) In Hospitals (ii) In other groups (iii) At Home	— — —	— — —	— — —	— — —	— — 1	56 — 13	— — —	— — —	— — 1	56 — 15

SCHOOL HEALTH SERVICE

THE FOLLOWING DETAILS ARE FURNISHED OF THE COST OF THE SCHOOL HEALTH SERVICE
DURING THE YEAR ENDED 31st MARCH, 1956

SECTION	Gross Expenditure	Income	Net Expenditure	Deduct Grant	Net Cost to Rates	Cost in terms of a Penny Rate	
						Gross Expenditure	Net Cost to Rates
Medical Inspection and Treatment ..	£ 101,063	£ 2,653	£ 98,410	£ 59,046	£ 39,364	d. 5·79	d. 2·26
Special Schools ..	162,252	22,161	140,091	95,824	44,267	9·31	2·54
TOTALS ..	263,315	24,814	238,501	154,870	83,631	15·1	4·8

REPORT
OF THE
ORGANISER OF PHYSICAL EDUCATION
FOR THE YEAR ENDED 31st DECEMBER, 1956

1. INTRODUCTION.

The period under review has been a year of sound progress rather than spectacular innovation. This was to be expected as all except one of the Staff have been appointed within the last eighteen months, and have naturally needed time to survey their spheres of responsibility and assess the opportunities and challenges offered. Miss Foggo left in August to take up a senior post in Leicestershire, and Mrs. P. L. Barton and Mr. V. B. Moore commenced duties as Assistant Organisers on September 1st. Their appointment has made it possible to arrange regular visits to all schools, and Head Teachers and their Staffs have had the benefit of expert advice on facilities, equipment and schemes of work, whilst many teachers have been helped by seeing demonstration lessons taken with their classes. Instructional Courses have also been arranged and it can fairly be claimed that all these activities have helped to improve the contribution that Physical Education makes to the general well-being and development of schoolchildren.

Efforts have continued throughout the year to provide a rational scheme of Physical Education which is based on the interests and needs of the individual child. Such a scheme must naturally include a great variety of activity so that each child may be occupied with work which is suitable to its age, ability and aptitude, and yet sufficiently difficult to arouse and maintain interest and provide a challenge. For the best educational value to be obtained it is necessary to have reasonable facilities, an ample supply of suitable apparatus, and sufficient staff. Speaking generally, it can be said that primary schools are equipped with adequate supplies of apparatus to provide opportunities for natural development. The position in the secondary schools is not quite so good, but is improving. There is a need for some form of fixed apparatus in the halls of certain secondary modern schools if the work is to be sufficiently challenging, satisfying and effective.

New schools are appearing as fast as the economic conditions allow, and the opening of Hinde House and Silverdale Secondary schools and Bradway Junior and Infant schools has made it possible to provide splendid facilities for the children living in the areas they serve.

It is unfortunate that difficulty is being found in attracting suitably qualified women teachers for work in secondary modern schools. This problem, which is common to all Authorities in industrial areas, is being met

locally by ensuring that adequate specialist guidance and assistance is given on school visits, and by the holding of courses for teachers, which will help them to take work of a more advanced nature.

2. TEACHERS' COURSES.

As has been customary in Sheffield for many years, teachers in all types of schools have been given the opportunity to attend refresher courses in physical education. All these Courses have been held in evenings or on Saturday mornings and much credit is due to those who have given of their free time to attend. The fact that so many teachers, particularly in secondary schools, undertake duties outside school hours, has affected attendance, and it was even found necessary to cancel one proposed course. It is hoped to make alternative proposals to ease this situation.

The following courses were held in 1956 :—

	Number enrolled
(i) (a) Lecture-demonstration course for women teachers of infants held at Prince Edward County School (6 hours), Malin Bridge Infants' School (2 hours) and Hillsborough Infants' School (4 hours)—Mr. L. Morant, Miss E. C. Foggo, Mr. J. G. Jones ..	147
(b) Practical course for men teachers of secondary boys held at Hurlfield Secondary Boys' School (10 hours)—Mr. L. Morant ..	15
Demonstration classes held in connection with the above course at Hurlfield Secondary Boys' School (6 hours)—Mr. L. Morant	50
(c) Practical course for women teachers of secondary girls held at Hurlfield Secondary Girls' School (20 hours)—Miss E. C. Foggo	22
(ii) Swimming for men and women teachers held at Woodthorpe Swimming Bath (3 classes) (57 hours)—Mr. H. G. Brook	23
(iii) Courses for leaders and teachers in evening schools, evening institutes and youth clubs :—	
(a) Recreative Physical Training for women teachers and leaders held at High Storrs Grammar School for Girls (16 hours)—Miss E. C. Foggo	40
(b) Recreative Physical Training for men teachers and leaders held at High Storrs Grammar School for Boys (18 hours)—Mr. J. G. Jones	35
(iv) Voluntary Clubs :—	
(a) Folk Dancing (3 sessions)—Miss T. Ballard	45
(b) National and Aesthetic Dancing (2 sessions)—Miss E. C. Foggo Mrs. P. L. Barton	32
(c) Gymnastics—Men teachers' Gymnastic Club (2 sessions)—Mr. J. G. Jones, Mr. V. B. Moore	22
(v) Special Classes :—	
(a) Lawn Tennis Coaching for men and women Teachers at Brook Secondary School (24 hours)—The Physical Education Staff and Mr. M. Evans, L.T.A. Coach	17
(b) One day course in Basic Movement for teachers in Primary Schools (morning) and	125
Secondary Girls' Schools (afternoon) at Jordanthorpe Secondary School—South Yorkshire Physical Education Association,	60

3. ACTIVITIES IN THE SCHOOLS.

(a) Physical Training

After a period of experimentation which has extended over several years, the presentation of work in primary schools is now becoming stabilised, and sound results are being obtained by methods which are based on modern educational philosophy. In a large area with such an impressive development programme, the scale of provision varies so much that it has not been considered desirable to standardise methods, but rather to make the most of the facilities and Staff available in each school.

In the secondary boys' schools experiments are proceeding with activities which are designed to develop strength, and stamina. The work, although strenuous, is very popular with the boys, probably because its value is soon obvious. Those teachers concerned with these experiments are very satisfied with the methods used and with their rapid effect on boys' development.

(b) Games.

All children have a weekly games period either in the playground or on the field. As accommodation on the fields is limited, preference is given to seniors and those from junior schools with inadequate playground space. The purpose of this period is to give sound coaching in the various games and athletic skills, and to inculcate those desirable qualities of character usually implied in the term Sportsmanship. It is considered important that the needs of the less capable child should receive consideration, and that children should not be forced into competition until they have acquired the necessary strength, executive skill and tactical knowledge.

Efforts have continued to provide more facilities for play and it is gratifying to report progress. New playing fields have been taken into use at Acres Hill, Hatfield House Lane, Shirecliffe and Stradbroke, whilst the completion of the pavilion and development of the field at Castle Dyke has made it possible for more than 1,000 children per week to attend for organised games.

The policy of the Committee in insisting on the design and development of playing fields simultaneously with that of the buildings of new schools is making it possible to produce an efficient service in the most economical way.

(i) *Association Football.*

Most schools have taken part in a very comprehensive programme of inter-school games.

The final results of the league competitions were :—

Competition	No. of Teams	Winners	Runners-up
Clegg Shield	18	Crookesmoor Cty.	Burngreave Secondary
Handsworth Cup	16	Walkley County	Woodthorpe Sec.
United Shield	16	Wincobank County	Philadelphia County
Wednesday Shield	38	De la Salle College	Shirecliffe Secondary
Daily Despatch Shield	20	Crookesmoor County	Woodthorpe Sec.
Gleeson Cup	6	St. Oswald's R.C.	St. Theresa's R.C.
Catholic League	8	Hillsborough R.C.	St. Theresa's R.C.

The City Team again had a very good season, but after being invincible for most of the season, were finally beaten by Brighton in the English Shield, and by Doncaster in the Yorkshire Shield.

The following boys gained distinction during the season.

County Cap — B. Shirtcliffe (Captain), T. Wood, D. Crossland and D. Downing.

International Cap — B. Shirtcliffe. (England v. Germany).

Junior International Cap. — T. Wood. (England v. Ireland).

(ii) *Rugby Football.*

With the improved facilities this game is becoming increasingly popular and more schools are including it in their programme as an addition or as an alternative to Association Football. A nine-a-side Tournament was again held at Abbeydale Park during the autumn mid-term holiday. Sixteen teams took part and the standard of play was a credit to the boys and their teacher trainers.

The City Team beat Huddersfield but lost to Leicester after a game in which the play reached a very high standard.

(iii) *Cricket.*

Two major factors, in addition to English summer weather militate against the efforts of enthusiasts to extract the maximum advantages from this game for their boys. They are the shortage of pitches, due to the closure of public parks between Easter and Whitsuntide, and the cost of equipment. It is hoped that the Committee will overcome the first difficulty by providing more hard wickets as opportunity arises. With regard to the second, methods have been devised and demonstrated to teachers, of teaching the skills of the game indoors with cheap equipment, thus giving all boys, irrespective of ability, an opportunity of receiving regular coaching.

The City Team had its most successful season for over 20 years, reaching the final of the Yorkshire Schools' Cricket Championship. Barry Jenkins of Meynell Road and Terry Webster of Burngreave are both to be congratulated on winning County Caps during the season.

The Education Committee has now undertaken to pay for the use of the winter nets at Bramall Lane, and this privilege is much appreciated by the boys and their teacher coaches, Mr. Webster and Mr. Raynor.

(iv) *Netball.*

All girls in Sheffield schools have the opportunity of playing this game regularly and the standard of play remains high. All districts were represented in the league competitions in which 518 children took part.

The results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Graves Shield	15	Meynell Road Sec.	Burngreave Secondary
Creswick Trophy	14	Burngreave Sec.	Norfolk Secondary
Hadfield Trophy	15	St. Patrick's R.C.	St. Catherine's R.C.

The annual City Netball Tournament was held at Norfolk Secondary School on March 17th, 30 teams taking part.

The winners were :—

Senior Section	Meynell Road Secondary
Junior Section	Burngreave Secondary

A most successful Secondary Schools' Netball Tournament was held at Rowlinson Secondary School on November 23rd, Abbeydale Grammar School were worthy winners of both the senior and junior sections.

(v) *Rounders.*

This excellent team game which requires and develops speed of thought and movement, and accurate co-ordination of hand and eye, is simple enough of organisation to be played very well by juniors, but is deservedly popular in schools of all types. Thanks to the good work of enthusiastic teachers for many years, a very high standard of play is traditional in Sheffield. 1,310 children took part in the league competition, the results of which were :—

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield (S3-4)	20	Meynell Road Sec.	Wybourn Secondary
Fred Bye Trophy	25	Wisewood Secondary	Brightside
Quine Trophy	16	Hillfoot	St. Vincent's R.C.
Eaton Cup (Junior Girls)	35	Arbourthorne C.	Ellesmere Road
Carr Cup (Junior Boys) ..	35	Malin Bridge	Hartley Brook

Because of the adverse weather, the Annual Rounders Tournament had to be played off in sections. This made great difficulties for the many teachers who acted as officials and they are to be congratulated on completing the

competitions. 1,120 children, representing 112 teams took part and the results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Drew Trophy (S3-4)	27	Wybourn Secondary	St. Vincent's R.C.
Miller Trophy (S1-2)	21	Hatfield Hse. Sec.	Wisewood Secondary
Brightside Cup (Junior Girls)	32	Woodside Junior	Ellesmere Rd. Junior
Slavin Cup (Junior Boys)	32	Wybourn Junior	Pipworth Road Junior

The Sheffield girls were hostesses for the County Championship Tournament and won both the Senior and Junior sections.

(vi) *Tennis.*

The Committee has provided 12 new hard courts during the year, and now owns 50 besides the 18 which are marked out on school playgrounds. These are all used regularly in addition to 158 in the public parks. Head teachers are finding in this game and in Badminton, an excellent medium for physical and social training.

(vii) *Hockey.*

There is a considerable enthusiasm for this game and some excellent results are being obtained through sound coaching. A good pitch is essential and many more children will play as the new school playing fields are developed.

(c) **Athletics.**

With the aim of widening the scope of this activity, work has proceeded on the development of athletics areas containing sand-pits and cinder circles. Adequate supplies of equipment are also being assembled and sound instruction in the more complicated events is being given in an increasing number of schools.

Cross-Country running has maintained its popularity and 26 teams have competed regularly in the Saturday morning Cross-Country league. Pipworth Road "A" team had a record season winning both the League competition and the Senior Atkin Cup for which 23 teams competed.

The training scheme which was held throughout the winter at Shirecliffe Secondary School, and later on Monday evenings at the City Training College ground was well attended and produced some very promising athletes. A strong team which went to the Yorkshire Championships at Barnsley performed very creditably.

Although it is not the sole aim of an athletics scheme for schools, to produce Champions, it is worthy of note that three boys who formerly attended schools in the City represented their country in the Olympic Games at Melbourne.

T. Hudson of Morley Street in the Modern Pentathlon.

K. Wood of Heeley Bank in the 1,500 metres.

A. W. Johnson of St. Stephen's in the 50 Kilometres walk.

(d) Dance.

The aim of this activity has been to offer as wide a variety as possible. Excellent results have been obtained with an expressional type of dance in infant schools, where the formal steps and patterns would be unsuitable, but older children have enjoyed the opportunity to do Folk and National Dances, as well as creating movements and dances of their own.

(e) Camping and School Journeys.

An increasing number of Head Teachers are organising camps and school journeys with the aim of widening the experience of their scholars, and giving them the training in co-operation with others, which is so essential in a community which is temporarily removed from its normal background. Many teachers have given up time to take parties camping, youth hostelling, and on foreign tours. One Secondary School arranged week-end camps in the school grounds to teach the boys and girls the basic skills of camping. The value of the training was seen when the school later camped in the Yorkshire Dales, and was one of the very few parties to stay under canvas for the scheduled time, in what must have been one of the worst camping seasons ever. This type of training has an excellent effect in developing self-reliance, initiative, and the ability to work with others for the general welfare.

(f) Swimming.

Excellent results are again reported in all branches of swimming. In the teaching of beginners, in Life Saving and in Competitive swimming, standards have been attained which are very gratifying to all concerned. This excellent form of exercise has made a great contribution to the welfare and development of children of all ages and aptitudes, from those in attendance at schools for the physically handicapped to the most athletic boys and girls.

The aggregate attendances are rather below those of last year, partly because many of the baths have been closed for painting and boiler maintenance. The total attendances at the Public Baths for the year were as follows, the figures of previous years are given for comparison :—

Year	In School Hours	Out of School Hours	Total
1952	263,675	133,531	397,207
1953	273,619	162,954	436,573
1954	286,194	169,370	455,564
1955	276,524	153,038	429,562
1956	273,133	132,375	405,508

Awards have been gained during the year as follows :—

DISTANCE CERTIFICATES

Lengths in Yards	Boys					Girls				
	1952	1953	1954	1955	1956	1952	1953	1954	1955	1956
25	2,090	2,204	2,437	2,285	2,333	1,399	1,446	1,676	1,657	1,739
100	1,690	1,731	2,038	1,883	1,923	1,157	1,255	1,292	1,323	1,351
440	1,439	1,427	1,564	1,515	1,601	947	971	1,042	1,032	1,113
880	1,246	1,158	1,444	1,326	1,496	820	805	955	775	859
TOTAL	6,465	6,520	7,483	7,009	7,353	4,323	4,477	4,965	4,787	5,062

Grand Totals	1953	..	..	10,997
	1954	..	..	12,448
	1955	..	..	11,796
	1956	..	..	12,415

(i) *Life Saving.*

Awards were made by the Royal Life Saving Society for success in their examinations.

Year	Intermediate Certificate	Bronze Medallion
1953	1,496	1,024
1954	1,470	954
1955	1,467	1,068
1956	1,609	1,027

Sheffield has a very proud record for the number of awards gained.

Because of staffing difficulties in schools, the practice of withdrawing teachers to act as examiners has been stopped, and arrangements which have been made for the professional teachers of swimming to do this work, have proved satisfactory.

Other Life Saving Awards gained by Sheffield Schools were :—

The Viner Shield.. .. Burngreave Secondary Modern Boys'.
(second year in succession).

The William Henry Cup Burngreave Secondary Modern Girls'.

(ii) *Awards of Merit.*

These awards are made by the Sheffield Schools Swimming Association and can only be gained by very accomplished swimmers.

Year	Boys	Girls	Total
1953	58	51	109
1954	55	45	100
1955	52	41	93
1956	68	46	114

(iii) Free Passes to Baths.

Free passes are awarded on a basis of one to every department gaining 20 or more lengths certificates annually, whilst attending a Corporation Bath for instruction in swimming. A similar privilege is granted by the Education Committee to schools attending the Woodthorpe and King Edward VII Swimming Baths. These passes provide an incentive and give the more capable children an opportunity to make the most of their talents.

Passes were awarded as follows :—

City Teams	43
Training Scheme	99
Schools	99
Woodthorpe and King Edward VII	10
TOTAL	251

(iv) H.M.S. "Sheffield" Trophy.

The Artificers of H.M.S. Sheffield made this trophy and presented it to the Education Committee for the purpose of encouraging swimming in the schools. Burngreave Secondary Girls' School won the competition with a total of 182 points and an average of 1.82 points per bath place.

(v) The Winter Squadron Leagues.

These have continued to arouse and maintain interest in competitive swimming and have been well supported. Mr. H. Hughes, who has again undertaken the duties of Secretary, is to be congratulated on the good work done.

The results were :—

			Winners	Runners-up
Winter :	Boys	..	Abbeydale Secondary	Burngreave Boys'
	Girls	..	Hunter's Bar Girls'	Hartley Brook Secondary
Minor :	Boys	..	St. Silas C.E.	Meersbrook Bank County
	Girls	..	St. Silas C.E.	Meersbrook Bank County

(vi) English Schools Advanced Award.

To gain this award a boy or girl must be an all-round swimmer and diver of good quality, and also have the ability to swim at good speeds. In 1956, eleven boys and eleven girls from the Sheffield Schools were successful.

4. SCHOOL SPORTS GALAS AND TOURNAMENTS.

The number of schools arranging their own Sports Days and Galas increases yearly. These functions, which are usually the culmination of steady work over a long period, act as an incentive to the children, enlist the co-operation and interest of parents and the general public, and also help to give a school a certain self-respect and "Tone."

5. OUT-OF-SCHOOL ACTIVITIES.

Thanks are due to the many teachers whose work on behalf of children extends far beyond the normal school hours. The children of Sheffield are indeed fortunate in the amount, quality and scope of voluntary efforts expended for their benefit. Apart from the excellent standards attained in all forms of physical activity, the social training given in connection with competitions or games against other schools, or teams representing other areas, is most valuable and far-reaching in its effects. Although the teachers concerned derive their main pleasure from the happiness and success of their charges, it seems appropriate that their devoted service should receive this acknowledgement.

Among the organisations working consistently throughout the year for the benefit of out-of-school activities are the Schools' Athletic Association, and the Schools' Swimming Association. Other organisations making useful contributions are the Teachers' Folk Dance Club, the Aesthetic and National Dance Society, the Teachers' Netball Club, the Men Teachers' Gymnastic Club, and the Men Teachers' Cricket, Hockey and Football Clubs.

(i) *The Sheffield Schools' Athletic Association.*

The members of this association, the second oldest of its type in the country, have a proud record of 67 years voluntary service for the children of the City's Schools. Its constituent Sub-Committees have all organised coaching and competition in their own activities and their efforts have again been co-ordinated by the General Secretary, Mr. E. Cornthwaite. The Secretary of the Association Football Section, Mr. C. Cawsey, again reports a successful season, with the many League competitions completed and the Cottee Trophy won in competition with Nottingham.

The Rugby Football Union has met with some success in its effort to extend the game to a greater number of schools. Mr. A. Gregory has been an enthusiastic and efficient secretary and the boys have responded well.

The Rounders Section with Mrs. Goddard as Secretary had another very successful year. The Annual Tournament was completed in spite of complications caused by the weather, and the Sheffield teams again won both sections of the Yorkshire Championship.

The Cricket Section, in spite of a very short and crowded season, has had its most successful season for twenty years, thanks to the efforts of Mr. G. Farnsworth and Mr. J. Thompson.

Mr. H. Whitham, the Secretary of the Athletics section has had a very busy year. Considerable developments are taking place in schools' athletics nationally, and this section will have a very important part to play.

(ii) *The Sheffield Schools' Swimming Association.*

This Association has again had a most active year, and the list of successes is too long to include in this report. The Yorkshire Schools' Championship Trophy was won for the eighth year in succession. Brian Day again won the National hundred yards Breast Stroke Championship, and had the great honour of being selected to swim for England against Portugal, Denmark and Germany.

Mr. Hall, Mr. S. Hartley and Mr. L. White and their colleagues are to be congratulated on their hard work in the cause of swimming for school children throughout the year.

(iii) *The Sheffield Teachers' Folk Dance Club.*

This Club plays a particularly useful part in encouraging the teaching and practice of Folk and Traditional Dances in schools, clubs, and institutes under the jurisdiction of the Education Committee.

The Thirteenth Annual Week-end Course was held at Hatfield House Lane Secondary School, attracting 75 teachers. Many evening dances have also been well supported, and the Club is thriving, thanks to the efforts of Miss A. Bailey and Miss T. Ballard.

6. CONCLUSION.

In concluding this report, it is a pleasure to record appreciation of the generous help and advice received from the Director and his personal staff ; of the kindly co-operation of the official staff and of personal colleagues ; to Dr. Taylor and the Staff of the School Health Service for their helpfulness, and to the teaching staff for the friendly relationships existing.

The support given by the Education Committee in all matters pertaining to the physical welfare of the children has been most encouraging and stimulating.

L. MORANT,

Organiser of Physical Education.

